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THE CALIFORNIA PROGRAM FOR SPEECH AND HEARING HANDICAPPED SCHOOL CHILDREN.

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PREPARED FOR SCHOOL ADMINISTRATORS, CONSULTANTS, TEACHERS, SPEECH AND HEARING THERAPISTS, AND OTHER CONCERNED WITH EDUCATING COMMUNICATION HANDICAPPED CHILDREN IN CALIFORNIA, THE BOOKLET OFFERS HELP IN PLANNING SPEECH AND HEARING PROGRAMS. DISCUSSION OF THE NEEDS OF THE COMMUNICATION HANDICAPPED CHILD COVERS A DEFINITION OF COMMUNICATION DISORDERS AND THE SPEECH AND HEARING SPECIALIST'S FUNCTIONS, QUALIFICATIONS, SERVICES, AND RELATIONSHIP WITH THE CLASSROOM TEACHER. DISCUSSION OF LEGAL AND PROFESSIONAL FOUNDATIONS FOR A SPEECH AND HEARING PROGRAM INCLUDE SERVICES OF STATE CONSULTANTS, RESPONSIBILITIES OF SUPERINTENDENTS, AND FINANCIAL SUPPORT. ORGANIZATIONAL CONSIDERATIONS AND OBJECTIVES CONSIDERED ARE IDENTIFICATION AND EVALUATION, NUMBER OF SPECIALISTS, CASE LOAD SELECTION, LENGTH AND TYPES OF THERAPY SESSIONS, COORDINATING SERVICES, RECORD KEEPING, FACILITIES, AND SUMMER PROGRAMS. RESPONSIBILITIES OF ADMINISTRATORS, TEACHERS, THERAPISTS, AND PARENTS ARE OUTLINED. CONSIDERATION IS GIVEN TO SERVICES FOR HARD OF HEARING CHILDREN (INCLUDING A DEFINITION OF THE CHILD AND INFORMATION ON SPECIAL EDUCATIONAL SERVICES) AND TO PROGRAMS FOR DYSPHASIC CHILDREN (INCLUDING IDENTIFICATION, DIAGNOSTIC PROCEDURES, CHARACTERSITICS OF THE CHILD, SPECIAL PROGRAM COORDINATION, PUPIL PLACEMENT AND DISMISSAL, THE EDUCATIONAL PROGRAM, CLASS SIZE, EVALUATIVE PROCEDURES, AND TEACHER FUNCTIONS AND COMPETENCIES). THE APPENDIX CONTAINS REPRINTS OF TWO PAPERS ON PUBLIC SCHOOL SPEECH THERAPY, A CLASSIFICATION OF SPEECH DISORDERS, LISTS OF CREDENTIAL REQUIREMENTS, ACCREDITED TRAINING CENTERS, AND CALIFORNIA EDUCATIONAL CODE REGULATIONS PERTAINING TO SPEECH AND HEARING THERAPY PROGRAMS. SUGGESTIONS ARE MADE FOR REPORTS AND RECORDS, AND A SAMPLE ANNUAL REPORT OF THE SPEECH AND HEARING SPECIALIST IS INCLUDED. A LIST OF REFERENCES AND RECOMMENDED READINGS IS PRESENTED ON EACH MAIN TOPIC, AND AN ADDITIONAL LIST OF READINGS ON MEETING THE SPEECH AND LANGUAGE NEEDS OF MENTALLY RETARDED CHILDREN APPEARS IN THE APPENDIX. (JB)

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The California Program for Speech and Hearing Handicapped School Children

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Max Rafferty—Superintendent of Public Instruction
Sacramento
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Foreword

To communicate one's thoughts effectively is of vital importance in meeting the challenges of our modern world. The ability to communicate with other people is the basic skill of civilization itself.

A responsibility of California public schools is to offer assistance and the specialized services necessary to aid speech and hearing handicapped children to overcome their handicaps or to hold the undesirable effects of these handicaps to a minimum. It is the function of programs for the speech and hearing handicapped to provide any child thus handicapped with the educational help he needs and from which he can profit.

The California Program for Speech and Hearing Handicapped School Children has been prepared especially for administrators, supervisors, consultants, teachers, speech and hearing specialists, and other personnel concerned with the education of communication-handicapped children. A principal objective of this publication is to provide help in planning speech and hearing programs. Suggested policies and procedures are presented that may be used to determine the need for speech and hearing programs, to develop and maintain services that meet high professional standards, and to meet existing regulations efficiently and effectively.

School personnel are urged to utilize information presented in this publication as a basis for action in meeting the individual needs of speech and hearing handicapped school children.

Max Rafferty

Superintendent of Public Instruction

Preface

Since their inception in California public schools in 1927, special programs for speech and hearing handicapped children have grown along with the expanding populations of the schools and communities. This growth in the size and number of programs has been accompanied by improvement in the quality of the programs offered. Concurrently, in the field of speech and hearing there has been accelerated progress in research and rehabilitative accomplishments.

The California Program for Speech and Hearing Handicapped School Children is designed to meet a need for guidance in interpreting program objectives in speech and hearing and in determining ways in which these objectives can be most readily attained. Suggestions are made concerning the needs and rationale for programs, procedures for establishing and maintaining speech and hearing programs, the identification of children with speech and hearing handicaps and the responsibilities of school administrators, parents, teachers, consultants, and speech and hearing specialists for the development and operation of programs that will provide the special help the children with speech and hearing handicaps need.

The special needs of speech and hearing handicapped children in California are receiving an ever increasing amount of attention; however, much remains to be done before all these children will be receiving the help they need. Each community can help to secure the services required by providing for the schools the encouragement and support they need to establish and operate the types of special programs that are necessary. Much of the information in this publication will be of value in this endeavor.

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The function of the speech and hearing specialist is in the nature of evaluation, assessment, and therapy, which are related primarily to the communication handicaps of the individual child. Photo is courtesy of the Pasadena City Unified School District.

I

The Needs of the Communication Handicapped Child

Through communication, a child both conveys and interprets feelings and thoughts as he interacts with other individuals. In the process of communication, language becomes the all-encompassing construct of symbols used to represent experiences, thoughts, and feelings, and a child needs language if he is to comprehend the speech of others as well as to express his ideas through the medium of speech. Teaching the child to speak, therefore, is the most important aspect of a good language program and vital to meeting the child's total communication needs.

In order to understand the special problems of the child with a speech or hearing disorder, or both, one must be cognizant of the fact that the speech of children is learned behavior and that speech is vital to effective communication in interpersonal relationships. How soon and how well a child learns to speak is determined by such factors as maturation, intelligence, physical condition, hearing, motivation, sex, environment, and emotional development.[1]

Definition of a Communication Disorder

An inability to speak effectively and to understand others may adversely affect the child's personality, ability to learn, and social growth and adjustment. He may be penalized by his communication handicap when it comes time to select a vocation and to earn a living. His own impairment may also handicap his family.

Charles Van Riper says that "speech is defective when it deviates so far from the speech of other people that it calls attention to itself, interferes with communication, or causes its possessor to be maladjusted. . . . Speech is defective when it is conspicuous, unintelligible, or unpleasant."[2] In understanding the speech-handicapped child, one should also remember that ". . . abnormality always implies variation away from the norm. When we deal with speech, however, we find

[1] See the references at the end of this chapter to publications written or edited by Jon Eisenson and Mardel Ogilvie, Wendell Johnson, Irene Poole, Mildred L. Templin, and Lee Edward Travis.

[2] Charles Van Riper, *Speech Correction: Principles and Methods* (Fourth edition). Inglewood Cliffs, N.J.: Prentice-Hall, Inc., 1963, p. 16.

that the norms are themselves ranges of variation."[3] A definition of the speech handicapped child must be flexible and dynamic, not static or rigid. What may appear to be an obvious speech deficiency in one child may not be a significant handicap in another.

According to Richard L. Schiefelbusch, "Together, speech impairment and language impairment include four broad categories:

> (a) articulation—the way sounds are formed; (b) rhythm—the time relationship between sounds in a word and words in a sentence; (c) voice—the sounds produced by the vibrating vocal folds and modified by the resonators; and (d) language usage—difficulties in comprehending the speech of others or in projecting one's own ideas through the medium of speech."[4]

Functions of a Speech and Hearing Specialist

It is the responsibility of the speech and hearing specialist to assess thoroughly various aspects of each child's development and to determine whether or not he needs special help (see Appendix C). He knows that a hearing loss that interferes with the individual's ability to communicate with others is a handicap. (The hard-of-hearing child and his problems are discussed in Chapter V.)

The child with a speech and language disorder often encounters overwhelming obstacles to learning. He may also find it extremely difficult to establish relationships with other children. Social problems develop which may prevent him from becoming a participating member of his community.

Many factors influence speech and language development. Evaluation and treatment of a child with a speech and language disorder require the services of a well-qualified speech and hearing specialist. Among public school personnel, the speech and hearing specialist is uniquely trained to assess and to evaluate thoroughly the speech, hearing, and language problems of speech and hearing handicapped children. He is prepared to offer the therapy needed to alleviate or to eradicate their speech disorders and thus to improve their speech and to further their language development (see Appendix A).

Qualifications of the Speech and Hearing Specialist

In addition to professional preparation in child growth and development, the speech and hearing specialist completes clinical practice and supervised public school service. He has had instruction in counseling exceptional children and their parents, in language and speech development and disorders, phonetics, voice science, psychology of communica-

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[3] Charles Van Riper and John V. Irwin, *Voice and Articulation*. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1958, p. 4.

[4] Richard L. Schiefelbusch, "Children with Speech and Language Impairments," in *Behavioral Research on Exceptional Children*. Edited by Samuel A. Kirk and Bluma B. Weiner. Washington, D.C.: The Council for Exceptional Children, NEA, 1963, p. 259.

tive disorders, anatomy of speech and hearing mechanisms, linguistics, semantics, emotional problems of children, and abnormal psychology. Additional specialized training includes work in audiology, audiometry, speech reading, and auditory training, as well as training in correction of disorders of articulation and delayed speech, voice, stuttering, aphasia, speech problems associated with structural anomalies, cerebral palsy, and mental retardation.

Credential requirements are found in Appendix D, "Credential Requirements for Speech and Hearing Specialists." In addition to meeting the minimal requirements for being properly credentialed in California public schools (Education Code Section 6264), the speech and hearing specialist must acquire a high degree of clinical competence through professional study and experience.

Services of Speech and Hearing Specialists

The speech and hearing specialist provides diagnostic and therapeutic services for individuals handicapped by impairments of language, speech, and hearing[5] (see Appendix C). His services must be made an integral part of the general goals and objectives of his employment context or setting. He must possess understanding and knowledge of sensitivities, and desirable attitudes toward his employment environment. In other words, the services required of the public school speech and hearing specialist indicate that he must have an understanding of the total school philosophy and programming. His specific goals, skills, and fundamental professional identity, however, remain that of the specialist offering services to children with significant speech and hearing disorders.

Certain of the objectives and functions of the speech and hearing specialist are not the same as those of curriculum-oriented instructional personnel, such as classroom teachers, teachers of the deaf, teachers of the mentally retarded, or teachers of general speech or of speech improvement. His function is in the nature of evaluation, assessment, and therapy, which are related primarily to the communication handicaps of the individual child.

The evaluation and therapeutic services of the speech and hearing specialist are differentiated from those of speech improvement. *Speech improvement is concerned with the deviations within the sphere of the normal. Speech improvement is an area in the regular developmental speech and language arts program. The classroom teacher has major responsibility for the speech improvement program.*

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[5] American Speech and Hearing Association, Executive Council. "Services and Functions of Speech and Hearing Specialists in Public Schools." *Asha*, IV (April, 1962, 99-100. Also, "The Speech Clinician's Role in the Public School," *Asha*, VI (June, 1964), 189-91.

The Classroom Teacher and the Specialist

The classroom teacher and the speech and hearing specialist have separate but joint roles in the development of good speech for all children. The teacher and specialist work closely together in sharing the responsibility of distinguishing which children need speech improvement and which children need speech therapeutic services. The specialist makes the final decision concerning which children will be placed in his case load for therapeutic services (see Appendixes C and F). The effective speech and hearing specialist profits from valuable information furnished by the classroom teacher. In turn, the teacher may integrate suggestions given by the speech and hearing specialist into the child's daily experiences. *The speech therapy services of the speech and hearing specialist refer to the evaluation, assessment, and treatment of consistent and conspicuous deviations from normal speech which call attention to themselves, interfere with communication, or cause maladjustment.*

Summary

To provide specific services to speech and hearing handicapped children, the speech and hearing specialist:

1. Surveys children for speech and hearing disorders.
2. Gives individual speech and hearing tests as part of the child's total assessment.
3. Gives individual and group therapy to children with speech and hearing problems or disorders.
4. Refers children to appropriate agencies for diagnosis, assessment, and therapy beyond the scope of the speech and hearing specialist.
5. Maintains adequate records and progress reports on all children in the case load.
6. Makes regular reports of children's progress to parents, teachers, and administrators.
7. Conducts individual and group conferences with pupils, parents, teachers, principals, other school administrators, school nurses, and others concerned with the welfare of the child.
8. Works with classroom teachers to synthesize speech rehabilitation objectives with work done in the classroom.
9. Conducts inservice training for the classroom teacher insofar as it supplements and complements or aids the speech rehabilitation program.
10. Keeps well informed about recent research findings and actively participates in his professional organizations.

The role of the speech and hearing specialist in the public schools is a vital one.[6] All of the specialists are obligated to uphold the best professional standards, a responsibility which involves their assisting the school districts in which they are working to establish policies and procedures which will provide for speech and hearing programs that effectively meet the needs of the children being served.

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[6] For a further discussion of the role of the specialist, see Appendix A, which is a reprint of "What Makes an Effective Public School Speech Therapist?" by Margaret Hall Powers, an experienced administrator in the Chicago public school system.

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II

Legal and Professional Foundations for a Speech and Hearing Program

Through legislation and comprehensive public school programs, California's citizens have shown a genuine interest in the basic principle that every pupil should have equal educational opportunities; these include the provisions and services needed for pupils with speech and hearing difficulties. The California State Department of Education has consistently endeavored to ensure that such opportunities be provided. Programs for speech and hearing handicapped children are mandatory in California, and provisions are made for special education for speech and hearing handicapped children as an integral part of the provisions for the physically handicapped.[1]

The Superintendent of Public Instruction has the responsibility for promoting and directing special instruction in the public schools for speech and hearing handicapped children between the ages of three and twenty-one years.[2] The State Department of Education prescribes minimum standards for the special education of physically handicapped minors, including the speech and hearing handicapped, and school districts wishing to receive an apportionment of state funds for this type of service must meet the standards prescribed by the Department.[3] Governing boards of school districts may establish regulations determining which handicapped minors are to receive special education services, but these regulations must be subject to the standards prescribed by the Department of Education.[4]

The State Department of Education has certain responsibilities for developing standards for the special education program in California, and the Department has the further responsibility for assisting school districts in carrying out the program. These responsibilities include: (1) certifying specialists employed for special education classes and services; (2) allocating available funds to the qualifying offices of county superintendents of schools and school districts; (3) collecting

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[1] See Education Code Sections 6801, 6802, 6803, 6805, 6806, 6812, 8901, and 8902. (All pertinent sections of the code appear in Appendix G.)

[2] See Education Code Sections 6801 and 6803.

[3] See Education Code Section 6804 and California Administrative Code, Title 5, Education, Section 193.

[4] See Education Code Section 6811.

and reporting information; (4) assisting in public relations; and (5) acting as a consulting agency.

Services of State Consultants in Speech and Hearing

As a part of its concern and obligation for educating speech and hearing handicapped pupils, the State Department of Education, through the Bureau for Physically Exceptional Children, offers consultative services to all school districts and offices of county superintendents of schools in California. Requests for services may be made to the Bureau for Physically Exceptional Children. Consultants in Education of the Speech and Hearing Handicapped offer services primarily for the speech handicapped and the hard of hearing. Consultants in the Education of the Deaf and Hard of Hearing offer services primarily for deaf children and the severely hard of hearing.

The functions of the consultants in Education of the Speech and Hearing Handicapped include: (1) providing statewide consultative services to all counties and school districts needing assistance; (2) cooperating and participating in district, county, regional, and state conferences and in projects pertaining to meeting the needs of children with speech and hearing handicaps; (3) promoting an understanding of sound professional criteria and the procedures used in establishing and maintaining public school programs for the speech handicapped and hard of hearing; (4) identifying needs and areas for development and improvement in the state's remedial programs for the speech and hearing handicapped as an outgrowth of objective study, research, and and observation; (5) promoting and assisting in establishing and organizing programs in locales where programs are nonexistent or in need of expansion; (6) explaining State Department of Education policies, standards, and regulations; (7) evaluating objectively speech and hearing services throughout the state; (8) working closely with college and university personnel responsible for the preparation of public school speech and hearing specialists and placing primary importance on keeping the colleges informed of public school needs, objectives, and unique characteristics; (9) encouraging sound professional standards and practices for all public school speech and hearing specialists; (10) working closely with professional organizations promoting the enhancement of research and services to children with speech and hearing handicaps; (11) representing within the Department of Education the interests of speech and hearing handicapped children; (12) preparing information for dissemination which will assist those responsible for helping children with speech and hearing disorders; (13) coordinating information on professional needs, with supporting evidence for meeting these needs, and channeling this information to the State Department of Education, Bureau for Physically Exceptional Children, for consideration and possible action.

Responsibilities of Superintendents of Schools

Provisions are made for superintendents of school districts and county superintendents of schools to assume certain responsibilities in providing facilities and services for speech and hearing handicapped pupils.[5]

Attendance accounting procedures are enumerated in Sections 6810, 10955, 11201, 11202, 11203, 11204, 11551, and 11552 of the Education Code and in Section 9 of the California Administrative Code, Title 5. See also a reprint of "Annual Report of the Speech and Hearing Specialist," in Appendix H. Annual reporting to the Superintendent of Public Instruction is required by Education Code Sections 8901 to 8906 and Section 193.2 of the California Administrative Code, Title 5.

Both the county and district superintendents of schools have a further responsibility for ensuring that the weekly case load of the speech and hearing specialist comes within the limits set by regulation.[6] To implement this regulation, the superintendent must see that the following are observed:

1. The maximum weekly case load for a full-time speech and hearing specialist is not to exceed 90 pupils.

2. This case load regulation has been adopted in order to strengthen the program of therapy services leading to the early eradication and alleviation of the communication disorders resulting from the deviant speech, language, and hearing handicaps of the pupils enrolled. Its establishment will also permit the speech and hearing specialist to assess, evaluate, and diagnose thoroughly the communication disorders of the pupils. This latter objective is essential to good identification and placement practices as well as to establishing sound therapeutic objectives.

3. Many speech and hearing handicapped minors enrolled in remedial class programs can benefit from being seen twice a week by the speech and hearing specialist. Certain pupils, at different stages in their development, may be benefited if seen even more frequently than twice a week. The maximum case load established by regulation now makes it possible for the speech and hearing specialist to develop a schedule in which provision can be made to recognize more fully the need and potential of the pupils for the professional skills and services of the specialist. (See Chapter III for additional recommendations.)

4. In the identification of pupils to make up the weekly case load of the specialist, pupils having the greatest need must receive priority in case selection.

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[5] See Education Code Sections 6805, 6806, 8901, and 8902.
[6] See California Administrative Code, Title 5, Section 193.2. (See also Appendix F.)

5. Pupils selected to make up the case load of a given specialist should receive remedial services on a continuous basis, week in and week out, until objectives set for them have been achieved.

Financial Support for Speech and Hearing Programs

Financial support through state funds is provided for in the Education Code and the California Administrative Code, Title 5.[7] Coverage includes transportation provisions for certain physically handicapped pupils. *Local community financial support is vital in maintaining effective programs for speech and hearing handicapped children.*

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[7] See Education Code Sections 6816, 8905, 8906, 18060, 18102, 18103, and 19686, and the California Administrative Code, Title 5, Sections 1261 and 1320.)

III

Organizational Considerations and Objectives for an Effective Speech and Hearing Program

The speech and hearing specialist has a major responsibility for the organization and implementation of a carefully planned speech and hearing program. This includes identifying children needing assistance, assessing their special needs, establishing meaningful rapport with all personnel concerned with the child's education, offering therapeutic services, keeping adequate records, and evaluating the program's results and the child's progress. (See the chart in this chapter.)

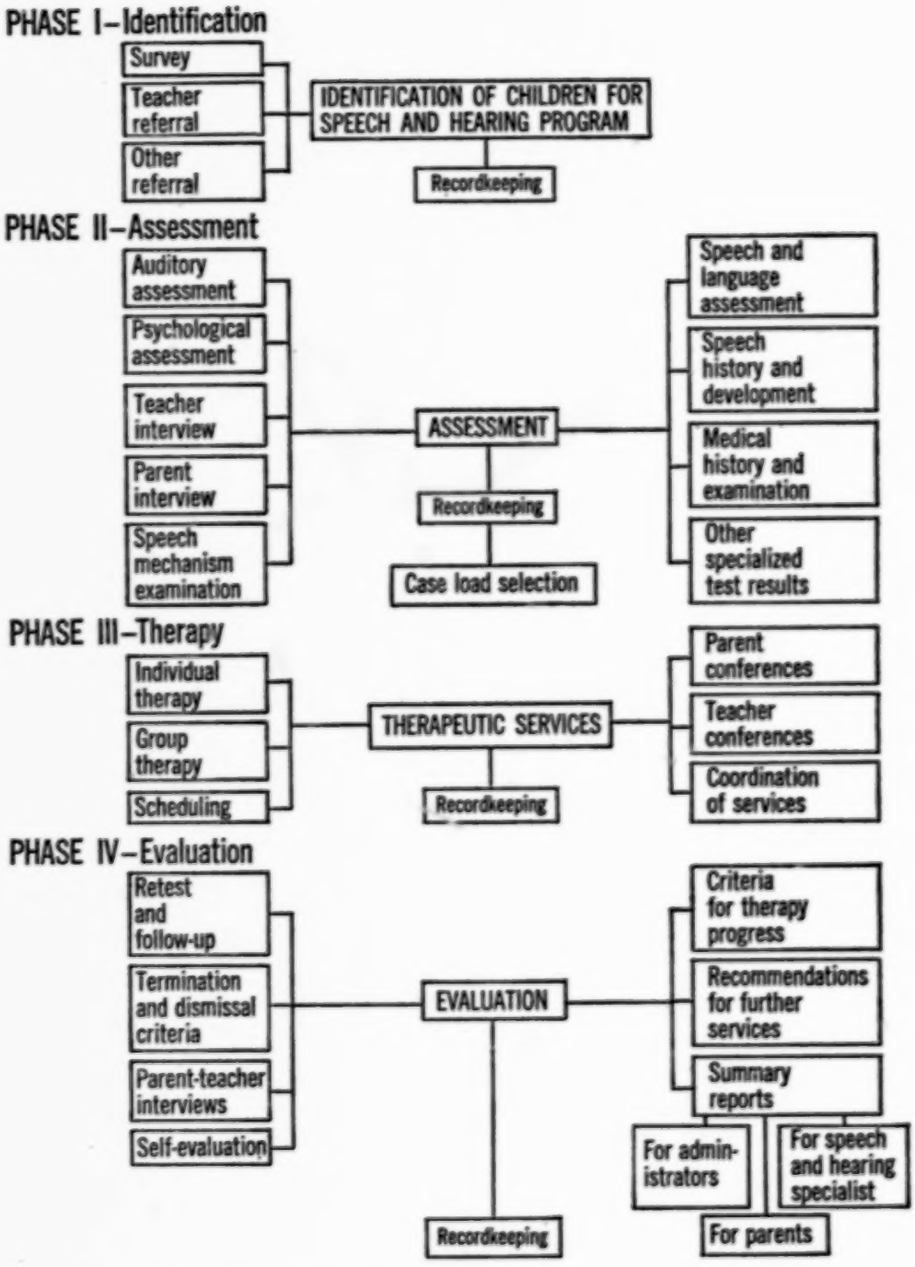
Surveys to Identify Children with Deviant Speech Behavior

Periodically scheduled "screening" or "surveying" to identify children with speech disorders is valuable for at least two reasons: (1) children who may not have been identified by referral are identified as having significant speech disorders; (2) "surveys" are discriminating in distinguishing children with significant speech disorders from children with allied difficulties, e.g., reading and spelling disorders.

It is recommended that the speech and hearing specialist "survey" pupils entering kindergarten and that this be followed with a "survey" of these pupils when they begin work in the second grade. Observation and research indicate the importance of identifying the child who needs specialized assistance as early as possible; the prognosis for correction of his disorder is much better if he is selected as early as possible in his school career. *Kindergarten and first grade pupils placed in the specialist's therapeutic case load should be selected if they manifest speech behavior which is atypical of normal speech development.*

Classroom teachers should be encouraged to pursue some form of training to assist them in learning how to identify and refer children for speech and hearing services. The speech and hearing specialist should always assume the responsibility for the following: keeping the teacher well informed on definitions of speech and hearing disorders, instructing the teacher in how to identify these disorders, and setting

A Comprehensive Program for Speech and Hearing Handicapped Children [1]



[1] All steps shown in the chart are vital in an effective public school program for speech and hearing handicapped children.

up procedures by which the teacher may assist the specialist in "surveying" (see Appendix C).

Teachers of the kindergarten and first grade should collaborate with the speech and hearing specialist in making a careful surveillance of the speech and language development of all children during this two-year period. Atypical development should be assessed.

Surveying older children may be accomplished by selecting a grade at which the survey will be made each year. Policies should be established for surveying all transfer pupils and new students in the school. Teachers should be encouraged to refer pupils with deviant speech behavior or hearing difficulties to the speech and hearing specialist. The speech and hearing specialist may be of valuable assistance to the classroom teacher in helping him understand the bases for making a referral. It should be understood that no child will be selected for the speech and hearing specialist's case load until a thorough evaluation and assessment have been completed.

In crediting "survey" time spent in identifying children with speech disorders for "excess expense" purposes, only pupils who are enrolled in a remedial class (this may include those pupils enrolled on an "individual basis") may be classified as physically handicapped and therefore entitled to "excess expense" apportionment.

The time consumed by the speech and hearing specialist in identification and diagnostic study of the child's speech and hearing handicap may be considered as "survey" time for "excess expense" purposes provided the child is *enrolled* for remedial speech and hearing instruction. Survey time for the child placed on a waiting list may be credited even though the child is not enrolled in remedial sessions immediately. Attendance may not be counted for "survey" time until such time as the child is *enrolled* in remedial sessions during the current fiscal year.[1]

Thorough Assessment and Evaluation

As soon as the child needing help is identified, the specialist should consult with other school personnel and specialists in assessing what the pupil's needs are and how they may best be met. The services of other specialized community resources may be used to advantage in making the assessment. Complete assessment is of paramount importance before making a decision to place a child in a therapeutic session. Therapy and educational goals for the speech and hearing specialist to establish for each child should be an outgrowth of thorough assessment and evaluation. The assessment of the pupil's auditory, psycho-

[1] *Attendance Accounting in California Public Schools* (1967 edition). Compiled by Jack T. Erikson. School Business Administration Publication No. 5. Sacramento: California State Department of Education, 1967, p. 110.

logical, and speech and language development, plus examination of the speech mechanism and completion of speech developmental and medical histories, should be vital aspects of the initial and on-going evaluation of the child who has been identified as a possible candidate for the speech and hearing specialist's services. If the speech and hearing specialist identifies a need for professional service from other agencies or personnel, e.g., family physician, otologist, otolaryngologist, psychologist, he should apprise the parents of this need and offer what assistance he can to gain the service for the child.

Careful consideration should be given to the criteria and procedures for initiating and terminating the speech and hearing specialist's service to any child. In the evaluation phase of offering services to a child, the following should be considered: criteria for placement in therapy sessions, criteria for therapy progress, retesting and follow-up procedures, termination criteria, summary and progress reports, parent-teacher interviews, self-evaluation (by the child and the speech and hearing specialist), and recommendations for further services.

Number of Speech and Hearing Specialists for Total School Populations

Evidence has been accumulated to show that from 4 to 10 percent of the children between the ages of five and twenty-one have speech deviations which maturation alone may not correct but which may be alleviated by the services of a well-qualified speech and hearing specialist.[3] An additional 1 to 2 percent of school children are hard of hearing.[4]

On the basis of the reported incidence of significant speech disorders in the school population, kindergarten and grades one through eight, it is recommended that one full-time speech and hearing specialist be provided for every 1,000 to 1,700 pupils. One full-time specialist for every 2,500 to 4,500 students in grades nine through twelve is recommended.

If the district or area served by a program maintained by the county superintendent of schools has a large percent of its population with foreign language backgrounds (dialectal) or large populations of children with substandard speech and language (culturally disadvantaged), the percent of pupils with handicapping speech disorders may be much higher than in those areas that do not have these types of children.

The Speech and Hearing Specialist's Case Load Selection

In order to eradicate children's deviant speech and language behavior, the speech and hearing specialist needs adequate time to give intensive

[3] "Speech Disorders and Speech Correction," *Journal of Speech and Hearing Disorders*, XVII (June, 1952), 136.

[4] C. M. Koa, "The Incidence of Hearing Loss," *Journal of the Iowa Medical Society* (July, 1962), 421–22.

diagnostic and therapeutic services. The maximum weekly case load for a full-time speech and hearing specialist is not to exceed 90 pupils (see Appendix F). *If the children are seen in a speech therapy session two or more times each week, the case load should be limited proportionately; i.e., if all children in the case load are in sessions twice a week, then the weekly total case load should not exceed 45 children.* If the speech and hearing specialist provides special educational and remedial services to hard-of-hearing children, which may include auditory training, speech reading, and use of amplification, these services should be considered as a part of the total maximum case load of 45-90 children each week.

Small school districts in nonpopulous areas are encouraged to contract for speech and hearing services even though these services may be available for only a portion of the week. In general, the specialist should not serve more than 18 children per day. However, the number of pupils served is not the only criterion. The number of sessions per week that children are seen and the length of each session must also be considered.

Number and Duration of Therapy Sessions Each Week

It is recommended that the child with a speech disorder receive speech and hearing therapy at least twice a week in sessions of no less than 25 minutes. However, the number of sessions and the length of each will depend on the children, their needs, and the situation. The number of therapy sessions per week, size of the remedial group, and duration of the remedial session should be left to the judgment of the professionally competent speech and hearing specialist.

The time limits of each session should depend on the diagnosis, scheduling context, type of session (individual or group therapy), and the age and maturity of each child selected for the session. It is recommended that no therapeutic session be less than 25 minutes in length.

Before a speech and hearing specialist decides to schedule a child for speech and hearing therapy, he should make certain that all available avenues of assessment have been explored. Prognosis and severity of disability are factors to be considered; in addition, recommendations to parents to secure the services of other specialists or agencies should be made if a need exists.

Individual and Group Therapy Sessions

The speech and hearing specialist selects children for his therapy sessions based on needs of the individuals involved and on his own training and experience. *Both individual and group therapy are necessary in meeting the special needs of pupils who have speech and hearing handicaps.*

While in some instances, fewer children may be preferable, six are usually recommended as a maximum number.

In grouping pupils in speech and hearing sessions, the specialist should consider the types of problems, their severity, the maturity of the children, the schedules involved, acceptable practices of grouping, and the objectives of the specialist.

Both individual and group therapy sessions should be utilized to seek a better understanding of the child's development, his interpersonal reactions, and his potential in communicating with others. In other words, the therapy sessions should afford further opportunities for gaining insight about the child's speech and language problems.

Coordinating Services

The equivalent of at least one-half day per week for each full-time specialist is recommended for conferences and working with parents, school personnel, and others who are concerned with the child's problems and development. However, when the specialist is scheduling conferences with parents and others and providing other coordinating services, his first consideration must be the welfare of the child. Conference time should be distributed during appropriate times throughout the week.

All speech and hearing specialists should use this conference and coordination time each week to initiate an effective working relationship with children, parents, and teachers. The specialist should make the best possible use of the time scheduled for coordinating services if he is to accomplish the following: (1) obtain an understanding of the child and his relationship to many variables that make up his environment; (2) make a thorough assessment of the child and determine realistic therapeutic objectives; (3) help the child achieve a healthy attitude toward his communication problem and toward therapy; (4) motivate the child to work toward elimination of his communication problem; (5) help the child carry over his therapeutic accomplishment into everyday life situations; and (6) assist parents to achieve a realistic image of the child.

Adequate Recordkeeping

The specialist must maintain accurate records of his work. This means that he must maintain a complete record of referrals, assessment findings, and all matters relating to the therapy sessions for which he is responsible. The types of recordkeeping necessary are indicated on the chart on page 12. Recommendations for additional evaluation and therapy should be consistently recorded. Attendance records are an integral part of recordkeeping and should be maintained accurately and efficiently.

In addition to keeping individual case records for each child enrolled in speech and hearing therapy sessions, written and oral progress re-

ports should be made periodically to parents and teachers. A final report should be filed in the child's cumulative record.

Superintendents, principals, directors of special education, and supervisors should be given reports on the extent of the specialists' services, number of children dismissed, and on other pertinent professional activities. Punctuality, regularity, and thoroughness of reports are vital in an efficient program.

Sufficient time each week should be allowed within the schedule to perform the necessary and vital recordkeeping tasks. A maximum of a half day or its equivalent per week for each full-time speech and hearing specialist is recommended for maintaining records.

All information on the child should be kept confidential.

Facilities for an Effective Speech and Hearing Program

Planning for housing facilities and equipment for a speech and hearing program should be an integral and routine aspect of school planning. The speech and hearing program requires a room or mobile unit that may be used for individual and group therapy with children and conferences with parents and other school personnel. This facility should be scheduled for the exclusive use of the speech and hearing program on specific days each week. The facility should be centrally located and free of distracting noises. The room or unit should meet good standards for heating, lighting, flooring, and ventilation. The acoustical treatment of the unit should be given particular emphasis, and should be based upon the particular needs of the services to be offered. An adequate number of chairs and tables of sizes appropriate to the ages and sizes of the children should be provided in the speech and hearing facility.

Recommended equipment for the special room includes the following: a clock, bulletin board, chalk board, bookcases, a mirror with cover, locked cupboard or storage cabinet, electrical outlets, and other needed equipment for a speech and hearing program. In planning a speech and hearing program, each speech and hearing specialist should have office space with his own desk, telephone, and locked filing cabinet. A tape recorder and audiometer should be available for his use. A yearly budget should be planned carefully with the speech and hearing specialist to provide for purchasing equipment and materials needed for the speech and hearing program.

Summer Programs for the Speech and Hearing Handicapped

School districts are encouraged to provide summer programs for children with speech and hearing handicaps whenever a need exists. However, such programs should not be established to take the place of programs operated during the regular school year. When summer

programs are well planned, they can strengthen those offered during the regular school year.

Remedial Classes in Summer School. In a program for both speech and hearing handicapped children, "remedial classes" may be provided during the summer by a school district or the county superintendent of schools in the same manner as during the academic school year.[4] Only those speech and hearing handicapped children enrolled in regular classes of a summer school can be enrolled in "remedial classes." Speech and hearing handicapped children who attend private or parochial schools during the regular academic school year can be enrolled *only* in "remedial classes" provided that these children are enrolled concurrently in regular summer school classes. For children *not* enrolled in regular classes of a summer school, a district or the county superintendent of schools may provide "remedial classes" for speech and hearing handicapped children on a "special day class" basis. Such a program is permitted only during the summer and must be in session for a minimum school day of 240 minutes. However, children enrolled may be present only for the time necessary for speech therapy and may leave throughout the school day to be followed by other children enrolled in the program.

Attendance in Summer School. When "remedial classes" are provided during the summer for speech and hearing handicapped children, such classes should *not* be reported as regular "summer school classes." The attendance from "remedial classes" provided during the summer for speech and hearing handicapped children should be reported with other attendance accrued for such classes during the regular academic school year. In computing average daily attendance, the same divisor is used as for the regular classes during the academic school year. Attendance is kept in the same manner as during the regular academic school year except that absences of children due to illness are not allowable as they are during the regular academic school year.

All attendance for excess cost purposes is reported on the annual attendance report form, J-18-A, for the fiscal year July 1 to June 30, and form J-22, Report of Excess Expense of Educating Physically Handicapped and Mentally Retarded Pupils.

For additional information regarding attendance accounting in California public schools, inquiries should be directed to the Bureau of Administrative Services, California State Department of Education.

Observations for Summer School Program. When "remedial classes" are provided during the summer for speech and hearing

[4] Education Code Section 6816 defines remedial classes. See Appendix G.

handicapped children, only those children with more severe speech and hearing problems should be enrolled. Such enrollment should be on an intensified and frequently scheduled basis and provide speech and hearing therapy to children individually and in small groups.

No approval from the State Department of Education is necessary for a school district or the county superintendent of schools to provide a "remedial class" summer program. All school districts and county superintendents of schools who plan summer programs for speech and hearing handicapped children are requested to inform the Bureau for Physically Exceptional Children, however.

The maximum weekly case load limitation of 90 children for a speech and hearing specialist is applicable to all summer programs (see Appendix F).

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IV

Responsibilities in a Speech and Hearing Program

It is essential that any effort to meet the special needs of the child with a speech and hearing handicap be well coordinated. This is particularly true when one remembers that speech is learned, not acquired instinctively. Therefore, a child with a language difficulty cannot be expected to overcome his handicap simply because he wants to or because someone tells him to; he must have the professional help of a speech and hearing specialist, and the specialist must have the cooperation of parents, teachers, and school administrators if his work with the child is to be effective.

Responsibilities of School Administrators

Leadership and cooperation from school administrators and supervisors are extremely crucial to the success and effectiveness of the speech and hearing program. Ideally, school administrators will do the following to ensure that pupils with speech and hearing handicaps be given the help they need:

1. Encourage communication among their staff members, including the speech and hearing specialist.
2. Keep informed regarding the roles of the speech and hearing specialist.
3. Support development and expansion of the speech and hearing program.
4. Help speech and hearing specialists to attend local, state, and national professional conferences to increase their professional growth and effectiveness.
5. Encourage classroom teachers to participate in the speech and hearing program.
6. Seek support for adequate local financing of the program.
7. Help secure and maintain community understanding and acceptance of the program.
8. Support study and research on a school district and county level.

The initial success of the speech and hearing program depends, to a great extent, on the superintendent's support. It is important that he

show interest in this program as he does in any other phase of educational programs offered by the school district.

The continued success of the speech and hearing program depends considerably on the cooperation of the school principal. He can aid the program in these ways:

1. Provide quiet quarters in the school where diagnosis and therapy can be done with few interruptions.
2. Visit therapeutic sessions and confer with the specialist as frequently as he does with teachers and other school personnel.
3. Cooperate with the speech and hearing specialist in scheduling children for therapy and in seeing that the schedule is maintained.
4. Provide opportunities for the specialists to meet with parent and teacher groups to explain the purposes and goals of the speech and hearing program.
5. Make it apparent to everyone concerned that the speech and hearing specialist is an essential member of the school staff.
6. Keep well informed about the speech and hearing program so that he can accurately and realistically discuss it with members of the community.

Other administrative personnel in the public schools, including directors of special education, supervisors of speech and hearing, and elementary and secondary supervisors in charge of all special programs, play vital roles in ensuring that the speech and hearing services in their schools are effective. The people in these positions should work closely with the speech and hearing specialists to accomplish the following:

1. Establish policy concerning speech and hearing services as they relate to the total school program that clearly reflects the professional objectives of the specialist.
2. Serve as liaison between the specialist and other school administrators when appropriate.
3. Coordinate and use the services of all personnel available in the school system with the services of the speech and hearing specialist as feasible.
4. Assist the speech and hearing specialist to obtain adequate materials, equipment, and working facilities.
5. Provide secretarial assistance for the speech and hearing specialist.

When personnel and services of school districts and the office of the county superintendent of schools are shared, all administrators concerned should understand their roles and make maximum use of the services and personnel. Conferences to clarify procedures should be

held during the beginning stages of the program, whenever policy changes occur, and whenever new personnel are added to the program.

When the county superintendent of schools employs a consultant in speech and hearing, all speech and hearing specialists in that county are encouraged to work closely with the consultant. The consultant fulfills an important role in coordination of services and liaison with the school districts as well as with the State Department of Education.

Responsibilities of the Classroom Teacher

The classroom teacher, of course, greatly influences the development of a child with a speech and hearing handicap. Motivating the child to improve his speech and incorporating well-planned objectives for speech and language development in classroom curricula are vital goals the classroom teacher should seek.

To qualify as an effective classroom teacher for the speech or hearing handicapped child, the teacher should do the following:

1. Accept the child and help his classmates accept him.
2. Make sure that the classroom invites communication.
3. Foster good relationships among the children.
4. Be cooperative.
5. Take the necessary steps to make his own speech and voice worthy of imitation.
6. Hear accurately the speech errors his children make.
7. Have accurate knowledge of how the sounds of our speech are produced.
8. Create a good speech environment for speech improvement.
9. Be cognizant of the values of speech and hearing services.
10. Be able to identify students in his class who need speech help.
11. Understand normal speech and language development.
12. Be well informed on how to incorporate the objectives of the speech and language program with the objectives of the regular classroom curricula.

Appropriate times for scheduling children in the therapy sessions should be arranged as a cooperative endeavor between the classroom teacher and the speech and hearing specialist. If possible, schedule children for speech therapy sessions so that they can still participate in the major school activities. Denying the children opportunity to participate in these activities may make them feel resentful, isolated, "different," or penalized because of their speech and hearing handicap. Still, if the child has a severe handicap, speech therapy may be more valuable to him than any other school subject or activity scheduled at a conflicting time.

Responsibilities of Speech and Hearing Specialists

Speech and hearing specialists have responsibilities beyond those discussed in Chapters I and III. Among these responsibilities is knowing how to make the special speech and hearing program objectives further those of the regular school program. This means cooperating with other teachers and administrators in scheduling speech therapy sessions, always notifying school officials of changes in schedules, and attending faculty meetings to keep well informed regarding school policies.

Speech and hearing specialists are encouraged to carry on speech and hearing inservice training for classroom teachers. The objectives of such training may include helping teachers understand the concepts of correction of communication disorders; be informed on specific speech and hearing disorders; and learn ways of complementing the speech and hearing program in the classroom and the specific ways of integrating speech and language objectives in regular classroom teaching (see Appendix C).

Another important responsibility of the specialist is making proper referrals to other professional personnel within the school program or in the community. Many children with speech and hearing handicaps also have physical, educational, psychological, and social problems which require the services of a physician, psychologist or psychiatrist, social worker, counselor, nurse, or audiometrist, to name a few. If medical help is needed, this should be given before any therapeutic goals are established.

A major obligation of the speech and hearing specialist is to uphold ethical standards. The specialist is urged to continue his training and to increase his skill as a speech and hearing specialist. Active membership is encouraged in such organizations as the California Speech and Hearing Association and the American Speech and Hearing Association. In addition to securing the required California credentials (see Appendix D), it is desirable for speech and hearing specialists to be certified by the American Speech and Hearing Association.

Responsibilities of Parents

The parents' understanding of the procedures and activities involved in good speech and language development, as well as the parents' knowledge of good child-rearing practices, is essential if the parents are to assume a proper role in helping their child develop good speech.

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V

The Hard-of-Hearing Child and the Services He Needs

A need for audiological services for hard-of-hearing children who have not been placed in special schools or classes persists in California's public schools. The provision of audiological services entails an understanding of the social function of hearing, and the intention of the speech and hearing specialist is to increase the ability of aurally handicapped children to meet their daily communication demands. This can be done in the public schools by assessing the needs of the aurally handicapped child and giving him the educational services and therapy that he needs. If the hard-of-hearing child is not helped, his learning may be hampered; social interaction with his peers and adults may be impeded; and behavioral problems may develop out of his frustrations, anxieties, and misunderstandings. In addition, a hearing impairment may cause certain speech disorders or, in some instances, deterioration of speech. And the hearing impairment may restrict the number of vocations from which he may select the one he wishes to pursue.

In this chapter the discussion of hard-of-hearing children is being restricted to those whose special educational needs may be quite different from the needs of the deaf and severely hard-of-hearing children found in special day schools and classes in California communities. The hard-of-hearing children discussed here can learn the language by more natural means, primarily through a functioning auditory system. The distinction between intervals of handicapping hearing deficiencies is not easy to make, and individual children may differ greatly in the extent to which they utilize their hearing potential. Therefore, to determine an appropriate educational setting for the aurally handicapped child, specially qualified personnel will have to assess the children's hearing acuity, ability to communicate, intelligence, and personality, and they will also have to assess the parents' attitudes. The child should be educated among children with normal hearing whenever this is practical and whenever his special needs can be met in such a situation.

Definition of the Hard-of-Hearing Child

Social maturity, academic success, adequate language and communication skills, and a realistic self-concept should be considered in an

analysis of a child with a hearing loss. The selection and placement of the child in an educational setting will then include an evaluation of these important factors.

The causes of the child's hearing loss should be clearly identified and understood in formulating educational goals. For example, the sites of auditory disturbances may determine to a great extent the direction of educational objectives. The types of loss and sites of auditory disturbances include (1) peripheral disorders of the middle ear, inner ear, and the eighth cranial nerve; and (2) central nervous disorders, which include lesions of the auditory pathway to the brain stem of the primary auditory projection area on the temporal lobe of the brain. Functional or simulated hearing losses are also prevalent in school populations.[1]

The references in this chapter to children with hearing deficiencies are those that have been defined by S. Richard Silverman as classes one, two, and three; and by Alice Streng as mild, marginal, and moderate.[2] Silverman bases his categories on the hearing level for speech. (Hearing levels for speech may be estimated by averaging the hearing levels for pure tones in the speech range at 500, 1,000, and 2,000 cycles per second.) *Class one* refers to a hearing level for speech that is better than 30 decibels; *class two*, 30 to 45 decibels; and *class three*, 45 to 60 decibels. Streng considers a *mild loss* to be 20 to 30 decibels in the speech frequencies; in this category, the child will not be able to hear faint or distinct speech clearly, but he will probably get along in school situations and will not have defective speech because of his hearing loss. A *marginal loss* is 30 to 40 decibels in the speech frequencies; the child with this hearing loss will be able to understand conversational speech at a short distance without too much difficulty, but he will probably miss as much as half the class discussion if the voices are faint or if the teacher's face is not visible. The child in this category may have defective speech or a limited vocabulary if the loss is greater in the higher frequencies. A *moderate loss* is 45 to 60 decibels. Conversational speech must be loud to be understood; the child with this type of hearing loss may exhibit deviations in articulation and voice and have considerable difficulty following classroom discussions and understanding directions. He may also have a limited vocabulary.

The critical area for program placement of the hard-of-hearing pupil will occur in *class three* (Silverman) or the *moderate loss* level (Streng). Many pupils in this 45 to 60 decibel hearing loss range will need special day class placement. Others will be able to carry on satis-

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[1] For studies that have been made on this subject, see the references at the end of this chapter to articles written by E. Davis, R. F. Dixon and M. A. Bowley, George J. Lenhin, and William Kirstaedter and Earl Hanford.

[2] See the articles by S. Richard Silverman and the book by Alice Streng in the references at the end of this chapter.

factorily in a remedial class program if sufficient assistance is provided. Great care will be required in programming special education for pupils within the 45 to 60 decibel loss range.

Services for the Hard-of-Hearing Child

If those responsible for serving hard-of-hearing children are to be effective in their work, they must perform certain basic services in a systematic and professional manner. These services are outlined, as follows, in the order in which they are most generally performed so that the proper treatment of the children with hearing impairments may be effected:

1. *Identifying the hard-of-hearing child through appropriate identification audiometry programs.* Careful screening techniques and procedures for identifying schoolchildren who have hearing impairments should be established by all school districts in California.

Identification audiometry procedures are carried out in the public schools of the state by speech and hearing specialists, school audiometrists, and certain school and public health nurses. The qualifications of such personnel, including the requirements for certification, have been specified in various legal documents.[3]

If audiological assessment, other than identification audiometry, is needed, a qualified audiologist should perform the necessary tests and make the evaluation.[4]

2. *Assessing the hearing impairment, including an audiological evaluation.* During the last 16 years, spectacular progress has been made in the development and refinement of auditory testing procedures for assessing the communication disorders of children. The techniques used to assess auditory functioning have included informal tests, play audiometry, electrodermal audiometry, and standardized pure tone and speech audiometric procedures.

Improved tests for auditory recognition, auditory memory span, auditory recall, auditory synthesis, and auditory closure are available and should be administered to determine the child's listening efficiency. Tests for auditory correlates in both encoding and decoding areas should provide information on how well children with normal hearing or minimal losses are using their hearing. Intelligence tests and case history information are other ways of gaining insight regarding the auditory handicaps of children.

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[3] Education Code Sections 11901-11904, 13160; Health and Safety Code Section 1400; and the California Administrative Code, Title 17, Section 2010.

[4] Audiology refers to the science of hearing. Audiological services encompass an understanding of the normal functions of hearing, and the intention of these services is to increase the ability of essentially handicapped children to meet their daily communication demands. The speech and hearing specialist's assessment, therapy, and educational services are a vital part of audiological services needed for severely handicapped children in the public schools.

3. *Obtaining appropriate medical help for a child.* When it is apparent that a medical diagnosis is necessary before the special educational and rehabilitative goals are established for a child, the parents should be notified that such services are necessary before their child may be given therapy.

4. *Assessing residual hearing, especially audiological assessment.* After the results of a physician's examination are known, speech audiometric tests should be given. Both speech audiometry and pure tone audiometry are important in assessing a child's auditory abilities. The amount of hearing loss is shown on an audiogram. Unlike the speech audiogram, the pure tone audiogram does not give diagnostic and prognostic information.

The child's speech reception threshold, auditory discrimination, most comfortable loudness level, tolerance level, and other information may be obtained from speech audiometry. Speech audiometry and refined pure tone testing fall within the province of the properly qualified audiologist. The American Speech and Hearing Association has established certification standards for audiologists.

Some practical factors to consider in assessing the child's hearing are cost of equipment and convenience of operation, maintenance and calibration of the equipment, acoustic conditions for testing, and the effects of different testing environments. Also to be considered are whether the hearing testing program disturbs the school routine, reaction of school personnel to the testing procedures, and the availability of adequately trained personnel to conduct the hearing assessment program. An audiologist is probably the best qualified individual to synthesize auditory findings with the public schools' rehabilitative and educational goals.

5. *Providing special educational and rehabilitative measures for the hard-of-hearing child.* Special education services may include auditory training, speech reading, speech assessment and therapy, speech conservation, vocational planning when appropriate, and counseling. These services may also include tutoring in vocabulary and language and assistance with school subjects. It is important to realize the significance of diagnosis and the dependence of educational objectives on diagnostic findings. A comprehensive program should include (a) helping the child understand oral language; and (b) improving his ability to speak.

In meeting the needs of the hard of hearing, speech and hearing specialists must also keep the members of the community well informed regarding the work being done to help those with hearing impairments; without the support of the community, a program for aurally handicapped children has little chance for success. The specialist should also

apprise the community of what constitutes good aural hygiene. Both of these responsibilities can be fulfilled by meeting and speaking with parent and civic groups and by disseminating appropriate material to the news media.

Programming Special Services

Some general aims in programming special services for hard-of-hearing children follow:

1. Providing opportunities to use all sensory avenues [5]
2. Encouraging optimum use of residual hearing
3. Motivating attentiveness
4. Improving personal adjustment (arouse interests, achieve acceptance, develop proper attitudes)
5. Achieving an understanding of hearing problems.

Special Educational Services

Children who are hard-of-hearing have greatly differing needs, so each child must be assessed thoroughly before any of the following procedures are initiated.

Children with mild losses. Give children the benefit of advantageous seating in regular classrooms. Assist them with special instruction in speech reading.

Children with marginal losses. Consider the use of hearing aids. Use speech reading instruction, speech therapy, and conservation of speech when needed. Be careful to seat them in advantageous positions in the classroom.

Children with moderate losses. Provide them with hearing aids, auditory training, and speech therapy. Perhaps tutoring in vocabulary and language development will be necessary. If given this help and advantageous seating, some children in this category may continue in regular classes. Others may derive more benefit from special classes for the hard of hearing.

The Bureau for Physically Exceptional Children, State Department of Education, is staffed with consultants in the education of the speech and hearing handicapped and consultants in the education of the deaf and hard of hearing. The former work primarily with remedial programs for the speech handicapped and the hard-of-hearing children. The latter, for the major part, work with special class programs for the deaf and severely hard-of-hearing children.

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[5] See the Charles Hutton reference at the end of this chapter.

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VI

Programs for Dysphasic Children

In recent years, considerable attention has been given to the child who shows an inability to use symbols in communicating. This inability may be the result of an injury to the brain, or it may be due to a lack of development or an interruption in the working mechanism of the brain. A child so afflicted is dysphasic (aphasic), and he may have one or several of these problems: inability to comprehend the spoken language of others, to express himself to others in meaningful language, or to use language internally as he thinks (see Appendixes B and I).

The California State Department of Education is interested in the establishment of services and facilities needed by dysphasic children and encourages superintendents of school districts to establish special programs when the need exists. The Bureau for Physically Exceptional Children offers consultative services to any school district that is interested in starting a program.

Identification of Children

School personnel are asked to state the number of children in their schools who may be classified as dysphasic for educational purposes. If possible, they should have the types of dysphasia identified. Physicians, speech and hearing specialists, classroom teachers, clinical or school psychologists, community agencies whose services include differential diagnosis of children's disorders, nurses, and parents can make significant contributions to the effective identification of the types of disorders. School personnel should also develop methods by which those who have frequent contact with children will know when and how to refer children to the proper authorities.

Since dysphasia is a complex language disability, an assessment of the child must include an accurate diagnosis. The rate of incidence of dysphasia will be an aid in estimating the probable statewide scope of the problem to determine the extent to which special programs may be needed.

Diagnostic Procedures

In most communities, evaluative and diagnostic services may be obtained from neurologists, psychologists, social workers, otolaryngolo-

gists, speech specialists, audiologists, pediatricians, and other specialists. Ideally, these specialists should meet as a group after all have completed their diagnostic and evaluative procedures. Based on the implications of the findings, educational objectives for the child may then be established.

Characteristics of Dysphasic Child

Some characteristics which may be observed in the dysphasic child are unresponsiveness to sound; delayed, arrested, or deteriorated vocabulary, speech, and language development; or a breakdown in the communicative process which leaves him practically noncommunicative, especially in regard to language-symbol association. Evidence of dysphasia should be entered in the child's school records, with the signature of a competent physician as verification. If substantial evidence of mental retardation exists, a statement that dysphasia is the principal impairment should be included in the child's school records. A justification for entering the child in a program for those with dysphasia must be made by either a well-qualified clinical psychologist or a school psychologist. Additionally, a diagnostic team of specialists, including a physician and speech and hearing specialist, must approve the admission. (Appendix I cites the pertinent California State Board of Education regulations.) The child's school records should contain data on his intellectual, emotional, and potential physical development; specific evidence of dysphasia; findings of visual and hearing acuity; and, if possible, a synthesis of findings of a differential diagnosis and assessment. All these factors enter into a prognosis of the child's educational potential.

Coordination of a Special Program

It is strongly recommended that a coordinator be designated to oversee the entire program for dysphasic children. The coordinator should synthesize the findings of the specialists on the diagnostic team and see that a sound educational program is developed. Preferably, the coordinator should be trained to meet the communication needs of children, including those with brain damage. In suggesting these measures for diagnostic evaluation procedures, the State Department of Education recognizes the importance of a team approach in all situations.

Pupil Placement and Dismissal

School personnel should provide a plan which will allow for selective and objective placement as well as dismissal from the special program and reassignment to regular school work. Without effective admission and dismissal criteria, special classes sometimes become a potpourri of all educational problems.

The Educational Program

School personnel should develop a sound system of guidance and instruction for the children placed in special programs. *What* the child is taught and also *how* he is taught constitute the essential ingredients of this objective. The purpose behind the objective is to build a total educational plan while defining all the essential components.

Class Size

The maximum enrollment for special day classes for aphasic pupils shall be eight, except that in a class in which the chronological age spread is greater than four years, the maximum enrollment shall be six (see Appendix I).

Evaluative Procedures

All members of the staff concerned with the education of the children admitted to the program should meet at least once a month to discuss each child's development in the program. This staff should include the children's teacher (speech and hearing specialist), the coordinator of the program, the psychologist, any supervisors of the program, the school nurse, the principal of the school housing the class or classes, and any other personnel concerned with the children's educational objectives.

Functions and Competencies of Teachers of Dysphasic Children

There are no California public school credentialing regulations that apply specifically to teachers of aphasic children (see Appendix D). Since dysphasic children have a speech handicap, provisions are made for them under the regulations for the physically handicapped in the area of speech and hearing. Therefore, all teachers of these children are expected to hold a valid credential in the specialized area of speech and hearing. In addition, a valid standard teaching credential is required. Teachers of dysphasic children should have advanced training and experience in the specialized area of dysphasia (see Appendixes B and I).

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Appendix A

What Makes an Effective Public School Speech Therapist?

By Margaret Hall Powers[1]

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Through experience in directing the speech correction program of a large city public school system, the writer has become increasingly impressed with the importance of trying to define and describe, more adequately than has yet been done to date, the scope and content of the public school speech therapist's work. The outline presented (see Appendix) grew out of experience in observing on the job some 150 public school speech therapists, current and past members of the writer's staff. This experience has included conducting inservice training with them, and the study of their relative degrees of effectiveness in therapy and in relationships with adults in their work. These speech therapists represent a wide range of academic generations, of previous types of experience, and of university training programs.

The work of the public school speech therapist is complex and multisided. To be successful in it, a person must have certain characteristics, skills, and attitudes. Perhaps because of the complexity and lack of definition of this work, it has not been well understood outside the ranks of those actually engaged in it.

On the one hand, educational administrators, under whose jurisdiction the school speech therapist works, tend to underestimate the highly technical and specialized nature of the work and the preparation needed for it. They tend to see it as essentially the same in preparation and function as classroom teaching, with a little extra specialization in and responsibility for the area of speech. On the other hand, college professors who train young people for public school speech correction too often lack direct experience in this work themselves. They tend to see the school speech therapist's work as being essentially the same as any other clinical speech therapy, except that it happens to go on within the organizational framework of a school, a difference which actually makes a very large difference. They overlook the various functions, in addition to therapy, served by the school speech therapist but not involved at all in most clinical positions—speech screening of child populations, to mention but one. This lack of understanding of the details of the public school speech therapist's work has stood in the

[1] Margaret Hall Powers (Ph.D., State University of Iowa, 1933) is Director of the Bureau of Physically Handicapped Children and Division of Speech Correction, Chicago Public Schools.

way of adequate preparation in the college training program for certain aspects of the work.

Some of the controversy of recent years concerning the proper training of public school speech therapists arises because we have not had a detailed job description or job analysis of the actual, realistic nature of the work of these specialists. Discussion of what constitutes appropriate training for public school speech correction work should *follow*, not *precede*, such an analysis.

The outline should serve several distinct purposes, among which the following five are of particular importance.

First, the outline should provide a measuring stick with which a public school speech therapist can evaluate his own effectiveness. It should help the individual therapist to consider systematically the many facets of his work and to identify his own strengths and weaknesses. At the very least, it may call to his attention certain functions or duties which he has overlooked or understressed. It was primarily with this purpose in mind that the outline was first developed. The members of the staff report that it has been helpful to them in developing more objective self-evaluation of their own effectiveness.

Second, the outline should provide supervisors of speech correction with a systematic instrument for appraising the work of speech therapists. It should help him to identify an individual therapist's weak spots and to work with him more effectively in improving his skills. It should help the supervisor to objectify what he is looking for and to consider the supervisee from every point of view. The use of the outline reveals very quickly whether an individual therapist is uniform or consistent in his degree of effectiveness. The outline thus forms a useful basis for the supervisor's conference with a therapist, enabling him to indicate points of excellence in the therapist's work as well as those in which modification and improvement are needed.

Third, the outline should be helpful to school principals, special education directors, or other persons not trained in speech correction but responsible to some extent for the administration of the speech correction program. It should give the administrator understanding of what he should expect of the speech therapist, and the nature of the speech therapist's work, his problems, and needs. He should gain a new comprehension of and respect for the complexity and specialized character of this type of work and be enabled to cooperate intelligently.

Fourth, the outline should be of value to university professors who are training speech therapists for the public school field. It can be used as a partial outline for courses such as those now offered in a few universities and variously entitled Public School Methods, School Procedures in Speech Correction, etc. All of the functions referred to in the outline should be dealt with in such a course so that students will be prepared to serve capably later in all of these capacities. The outline should at least reveal numerous functions not served by clinicians working in other settings.

Fifth, the outline should be of help to college students who are considering public school speech correction as a possible career. It will enable them to understand in considerable detail the nature of the work and to evaluate their own interest in entering it.

Although the following job analysis of the work of the speech therapist in the public schools grows out of experience in the speech correction program of the Chicago Public Schools, it will probably, except for minor details, fit most public school speech correction programs reasonably well. The outline originally contained three columns at the right, headed Excellent, Satisfactory, and Unsatisfactory, where each item could be checked independently. In using the outline, some readers may wish to use this or some similar rating system for each item. For certain purposes this might be advantageous.

APPENDIX

I. Organization of the Speech Correction Program

A. Effectiveness with which the speech correction program is first introduced
B. Efficiency in planning weekly distribution of time
C. Efficiency in initiating program at the beginning of each new term
D. Effectiveness of case-finding and selection

1. Management of grade 1B or other speech screening
   a. Efficiency in carrying out screening procedures
   b. Suitability of speech evaluations made
   c. Use made of results with teachers and principals
   d. Use made of results with parents
2. Efficiency in securing teacher referrals
   a. Systematic plan to secure referrals from teachers
   b. Handling of referrals when made
   c. Interpretation of results to teachers
3. Judgment in selection of cases for therapy

II. Planning of therapy schedule

1. Efficiency in arranging daily schedule
2. Skill in grouping pupils for therapy
3. Provision for individual therapy when needed
4. Provision for parent and teacher conferences
5. Provision for case record maintenance
6. System for informing principal of therapy schedule
7. System for informing teachers of therapy schedule for their pupils

III. Efficiency of operation of therapy schedule

1. Plan for securing attendance and punctuality of pupils
2. Resourcefulness in adapting to unavoidable interruptions in schedule
3. Flexibility in regrouping cases as needed

IV. Maintenance of individual pupil record

1. Thoroughness and promptness in recording identifying data and case history information
2. Completeness of recording speech examination and diagnostic data
3. Systematic recording of pupil attendance
4. Adequacy of therapy record
5. Systematic recording of case conferences
6. Adequacy of summarization and recommendations before transfer of pupil

f. Responsibility shown in forwarding records to new school or making appropriate disposition of them
g. Professional appearance and neatness of records

III. Maintenance of other clinical records:
1. Accuracy and neatness of enrollment notice
2. Accuracy and completeness of waiting list record
3. Systematic filing of speech screening records and summaries
4. Maintenance of current inventory of books, equipment, and supplies

5. Reliability and speed with which secretary record keeping is done

IV. Examination and Diagnosis of Cases

A. Examination practices
1. Systematic appraisal of every new case
2. Intensive examination of special cases
3. Systematic recheck of previous cases at beginning of school year

B. Knowledge and skill in utilizing diagnostic procedures for
1. Stuttering cases
2. Articulation cases
3. Voice cases
4. Cleft palate cases
5. Cases with neurological impairment
6. Others

C. Awareness of and skill in interpreting
1. Organic factors (structural, motor, sensory)
2. Environmental or learning factors
3. Emotional factors

D. Initiative shown in utilizing for further information or assistance
1. Resources within the school itself
2. Resources at central offices of the Board of Education
3. Resources in the community

E. Ability to weigh clinical evidence in arriving at an understanding of a case

F. Reliability of the diagnoses made

V. Speech Therapy

A. Handling of children
1. Skill in securing and holding interest
2. Ability to motivate children to improve their speech
3. Warmth and cordiality of therapist-child interaction (permissiveness, friendliness)
4. Courtesy to child (introduction of visitors, avoidance of criticism before other others, etc.)
5. Ability to maintain good order and discipline
6. Ability to maintain a businesslike working situation
7. Attention to good speech posture of children (erect, hands away from face, etc.)
8. Skill in motivating adjustments

B. Planning of therapy
1. Ability to formulate long-range objectives and plan an advantageous therapeutic sequence for each case
2. Judgment regarding the immediate, specific needs of each case
3. Quality of lesson plan preparation for

a. Stuttering
b. Functional articulation cases
c. Organic cases
d. Other types

4. Flexibility in modifying plans as needed to adapt to child's response

C. General management of therapy

1. Physical aspects
a. Initiative in securing best space available
b. Utilization of room, attempts to make it interesting and attractive, good arrangement of furniture
c. Initiative in securing needed furniture, educational materials, equipment
d. Convenient arrangement of materials for ready accessibility during therapy
e. Convenient arrangement of records for ready reference
f. Work table kept free, uncluttered
g. Therapist seats self so that face is well lighted
h. Attention to comfortable seating of children (correct chair size, uncrowded arrangement, able to see and hear therapist, adequate light on work materials, child not facing direct sun or glare, etc.)

2. Effectiveness in conducting speech therapy
a. Skill in utilizing the dynamics of a group situation therapeutically
b. Ability to individualize therapy for the various members of a group
c. Perceptiveness regarding the emotional reactions of each child in the group
d. Balance between coordination and too little direction
e. Appropriate amount of talking by therapist himself
f. Ability to give clear directions and explanations and to notice individual difficulties in comprehension of them
g. Resourcefulness in finding or making new, attractive, effective materials, and devising original techniques
h. Judgment regarding level of difficulty of materials and techniques (appropriate to age, social maturity, and speech development of child, and to type of case)
i. Efficient utilization of materials and techniques (to avoid loss of time and to give maximum speech practice)
j. Resourcefulness in finding other techniques for pupils who fail to respond to the usual methods
k. Integration of speech therapy with current classroom activities and materials
l. Efficient use of speech therapy period (brisk tempo without haste; good judgment regarding techniques most effective and those less essential)
m. Use of sufficient variety to hold interest and avoid fatigue
n. Skill in devising and motivating pupil assignments for out-of-class work

D. Therapeutic competence with the various disorders

1. Functional articulation cases
a. Judgment regarding an advantageous starting point for therapy (specific sound)
b. Effectiveness of first introduction of new sound
c. Skill in auditory training
d. Skill in supplementary approaches when needed (visual, phonetic, kinesthetic)
e. Skill in articulatory production training
f. Skill in training for carry-over

g. Utilization of classroom teachers in follow-up
h. Utilization of parents in follow-up

2. Stuttering cases
a. Judgment regarding directness of the approach to use in therapy
b. Quality of work with indirect approach through parents and teachers (mainly primary stuttering)
c. General quality of work with secondary stutterers
(1) Capacity to analyze specific difficulties of case and evaluate their relative priority for attention
(2) Skill in handling emotional aspects of problem
(3) Skill in handling symptom control and modification
d. Therapist's commitment of a definite plan of therapy
e. Skill with which therapist coordinates home and school management of child's speech

3. Voice cases
a. Competence in therapy

4. Cleft palate cases
a. Competence in speech therapy
b. Effectiveness in coordinating work with that of other specialists involved

5. Management of emotionally handicapped (those with mild loss but not in a special class)

6. Management of cerebral palsied or other neurologically handicapped
a. Competence in speech therapy
b. Effectiveness in coordinating work with that of other specialists involved

7. Effectiveness in managing speech work with normally handicapped children

E. Evaluation of the results of therapy
1. Objectively regarding therapist's own therapy and its results
2. Flexibility in modifying therapy in relation to results of evaluation
3. Initiative in seeking further information or consultation on unresponsive cases
4. Continuing observation and evaluation of child's problems
5. Judgment regarding discontinuance of therapy

IV. Professional Relationships

A. With personnel of local school
1. General
a. Ability to win personal acceptance from school staff
b. Skill in promoting interest in and understanding of the speech correction program
c. Identification with the school and its activities as a participating member of the school staff
d. Attendance at teachers' meetings and other school events when schedule permits
e. Familiarity with the special problems and characteristics of the school and its neighborhood
f. Familiarity with the resources of the school and its neighborhood

2. With school principal
a. Skill in presenting objectives and policies of speech correction program
b. Ability to gain principal's confidence, understanding, and support

c. Tact and judgment in handling difficulties or differences of opinion
d. Degree to which principal is kept in touch with the program through conferences or written reports

3. With classroom teachers
a. Ability to understand teachers' problems and points of view
b. Tact and efficiency in handling matters of routine
c. Ability to secure active interest and cooperation of teachers
d. Degree to which teachers are informed of progress of their pupils
e. Utilization of opportunities to talk to teacher groups or advise on classroom speech improvement activities

4. With other school personnel
a. Degree to which therapist utilizes the following in his work with cases
(1) School psychologist and/or psychiatrist
(2) School nurse
(3) Special subject supervisors or others

B. With central administration

1. With speech correction supervisor
a. Reactions to supervisor's suggestions or criticisms
b. Degree to which therapist tries to carry out recommendations
c. Freedom in soliciting help when needed
d. Judgment in referring potential difficulties to supervisor
e. Willingness to carry out special duties
f. Cooperativeness in accepting assigned schedule of work

2. Routines
a. Punctuality in filing required reports
b. Accuracy of reports
c. Reliability in notifying administrative office of absence or variation in schedule
d. Punctuality at schools and at staff meetings

C. With parents and siblings of cases

1. Systematic notification to parents of newly enrolled children
2. Attempts to contact as many parents as possible
3. Skill in handling parent interviews
4. Ability to secure parents' interest and active cooperation
5. Degree to which parents are informed of child's progress in speech
6. Initiative in seeking opportunities to talk to parent groups or conduct parent classes and demonstrations
7. Initiative in getting cooperation of older brothers and sisters for home follow-up when desirable

D. With community and professional persons and groups

1. Utilizes opportunities to inform professional and community groups about speech correction through talks, newspapers, radio, television
2. Ability to deal professionally with physicians, dentists, social workers, and others involved in cases

V. Personal Characteristics

A. Appearance

1. Appropriateness and neatness of clothing
2. Grooming (hair, nails, makeup)
3. General impression created (posture, mannerisms, etc.)

B. Speech, voice, language
1. Articulation
2. Voice patterns
3. Effectiveness in expressing self

C. General cultural level

D. Intellectual capacity

E. Health, regularity of attendance

F. Manner and personality
1. Ability to inspire liking in others
2. Ability to inspire respect and confidence
3. Tact, diplomacy in personal dealings with people
4. Enthusiasm, initiative
5. Poise, dignity, professionalism

VI. Professional Attitudes and Ethics

A. Professional ethics
1. Ethical attitude toward cases and their families (avoids gossip, discusses cases only where and with whom it is appropriate to do so, keeps confidence of children and parents)
2. Ethical attitude toward principals, fellow teachers, and other school personnel (avoids discussing one teacher with another, or criticizing one school to another, etc.)
3. Ethical attitude toward colleagues in speech and hearing
4. Loyalty in supporting the policies of the school administration
5. Therapist's awareness of the responsibility assumed in undertaking any therapy with a human being (awareness of obligation to carry out therapy to the best of his knowledge and ability)
6. Therapist's willingness to put the responsibilities of his work ahead of his personal convenience; to regard his work with the seriousness it requires

B. *Professional attitudes*
1. Respect for the worth of every individual
2. Regards speech correction as a career rather than merely as a job
3. Degree to which therapist is intellectually challenged by speech correction (manifests interest in research, interest in new speech correction techniques, interest in personal experimentation, etc.)
4. Generosity in use of own time and resources
5. Capacity for future professional growth
6. Evidences of current professional motivation and growth
   a. Attends conventions and local meetings when possible
   b. Reads new books and articles on speech and hearing, including *Journal of Speech and Hearing Disorders*
   c. Takes advanced training from time to time in speech, hearing, and related fields
7. Identification with the speech and hearing profession
   a. Membership in the American Speech and Hearing Association
   b. Clinical certification in the ASHA
8. Breadth of view regarding education as a whole; awareness of educational trends and developments

Appendix B

A Classification of Speech Disorders

Many classifications of speech disorders appear in the speech and hearing literature. The following is one recommended classification of speech disorders for public school children.

I. **Disorders of Articulation**

A. Functional deficiencies

1. Of speech sounds
   a. Omissions
   b. Substitutions
   c. Distortions
   d. Additions
2. Infantile perseveration—baby talk
3. Lisping: s, z, sh (as in *show*), ch (as in *cause*), zh (as in *show*), j (as in *jump*)
4. Lalling (distortion of *r* or *l*)

B. Organic causes

1. Dental anomalies (Irregular dentition should be considered only when other physical factors have been eliminated.)
2. Palatal defects
   a. Cleft lip and/or palate
3. Abnormally large tongue
4. "Tongue-thrust swallow"
5. Lip deficiencies
6. Hearing disorders

II. **Disorders of Voice**

A. Phonatory voice deviations

1. Pitch
2. Loudness
3. Quality

B. Resonance voice problem

1. Insufficient nasal resonance
2. Excessive nasal resonance

III. **Disorders of Symbolization (Dysphasia, Aphasia)**

A. Predominantly receptive

1. Inability to understand spoken or written symbols

B. Predominantly expressive

1. Inability to express ideas

C. Expressive-receptive
1. Both receptive and expressive language are severely disturbed
D. Alexia—impairment of reading*
E. Agraphia—impairment of writing*
F. Nominal aphasia

IV. Etiologies may show delayed speech development to be due to:
A. Mental deficiency
B. Hearing loss
C. Aphasia
D. Autism
E. Emotional disturbance
F. Insufficient stimulation
G. Slow physical maturation

V. Cerebral Palsy

VI. Stuttering* may be due to:
A. An emotional disturbance
B. A neurological condition
C. Inability to check on own speech production
D. Anxiety

*For program provisions and reimbursement provided for in "severe average" categories, only children with speech and hearing disorders may be included, regardless of the presence of a problem of aphasia (reading) and agraphia (writing). Primary stuttering occurs in young children. Secondary stuttering is believed to be associated with tension and fear of stuttering.

Appendix C

Services and Functions of Speech and Hearing Specialists in Public Schools[1]

(NOTE: In January, 1962, the Executive Council of the California Speech and Hearing Association established a Special Study Committee to review the CSHA study of public school programs in speech and hearing and to suggest ways in which the association might pursue implications of this study. To provide variety in representation, committee members were chosen on the basis of geographical location and employment setting. The committee agreed that a statement clarifying the services provided by public school speech and hearing specialists was urgently needed. Accordingly, a preliminary draft was presented to the CSHA Executive Council for consideration in May, 1962. The committee then incorporated revisions suggested by both members of the Council and the many individual members of the association who were asked to comment. A final presentation was made to the Council in October, 1962, and at that time the Executive Council of CSHA unanimously voted to endorse the following statement which sets forth general guidelines for public school speech and hearing specialists in our state.)

Speech and hearing specialists perform their work in a variety of employment settings. Among the important employment environments are the elementary and secondary schools. The role and function of the speech and hearing specialist in the public school systems are sometimes confused with those of instructional personnel such as classroom teachers. This statement has been prepared so that both the nature of the services and the functions of speech and hearing specialists in the schools may be clearly differentiated from those of instructional personnel. Speech, hearing, and language disorders may inhibit an individual's social adjustment, reduce his learning ability, and restrict his economic capacity. Furthermore, the far-reaching consequences of communication disabilities may have significant social or emotional effects on both the individual and his family. Children and adults with such communication problems require the services of speech and hearing specialists who have a high degree of clinical competence through professional study and experience. The development of such specialists in sufficient numbers to meet the needs of this state's children and adults is a primary goal of the California Speech and Hearing Association, the state's professional organization to which most speech and hearing specialists belong.

Professional Environment

The speech and hearing specialist provides services that include assessment and therapy for individuals handicapped by disorders of

[1] This statement by the California Speech and Hearing Association is based on a statement by the American Speech and Hearing Association (*Asha*, April, 1962).

language, speech, and/or hearing. These services are supplied in many settings including elementary and secondary schools as well as hospitals, rehabilitation centers, community clinics, and colleges and university clinics. In each of these locations, the speech and hearing specialist must work in harmony with his surroundings. His services must be integrated into the general goals of the setting. He must possess knowledge, sensitivities, and attitudes which reflect his employment environment. The services provided by the public school speech and hearing specialist require that he have an understanding of the total school program. His specific responsibilities, skills, and basic professional identity, however, remain that of the specialist in speech and hearing within the total group of his colleagues who work in other settings.

The Role of the Speech and Hearing Specialist

The services and functions of the speech and hearing specialist, even though he works within the elementary and secondary schools, are not the same as those of curriculum-oriented, instructional personnel, such as classroom teachers, teachers of the deaf, teachers of the mentally retarded, or teachers of general speech or speech improvement. Teachers, including teachers of the deaf and the mentally retarded, are importantly concerned with instruction in subject matter and skills determined by the curriculum of the school. They must have the educational preparation which provides them with the knowledge and techniques for such instruction. On the other hand, the work of the speech and hearing specialist is in the nature of assessment and therapy which are related primarily to the communication handicaps of an individual.

Role of the Speech and Hearing Specialist in Relation to the Classroom Teacher

The classroom teacher and the speech and hearing specialist have separate and joint roles in the development of good speech. The teacher and the speech specialist work closely together in sharing the responsibility of distinguishing which children need speech improvement versus which children need speech therapy, with the specialist making the final decision. The speech and hearing specialist may profit from information provided by the classroom teacher. In turn the teacher can implement suggestions given by the speech and hearing specialist and integrate the suggestions into the child's daily activities.

Professional Needs—Training

If the nature of the services and functions of the speech and hearing specialist is understood by school personnel and by those responsible for establishing certification and training requirements, substantial improvements in the care provided for children with communication handicaps can be achieved. In situations where there is a misunderstanding of the role of the specialist, inappropriate requirements may be demanded.

College students in training as speech and hearing specialists at the present time must meet many requirements for classroom teacher certification before they may obtain employment in public school settings. It should be recognized that both the preparation of a competent teacher and the preparation of a speech and hearing specialist are unique and specialized. When students are required to achieve competence as both teacher and specialist, the additional time and training precludes thoroughness in preparation in either area. In view of current severe shortages of qualified speech and hearing specialists, efforts should be made to counteract those factors which discourage students from entering the field or which cause them to discontinue training. At the same time, high standards must be maintained by providing the training necessary for professional competence.

Another need centers on professional stimulation and development following the formal training program. Speech pathology and audiology have become highly developed professions with extensive technical literature, specialized training programs on both the graduate and undergraduate levels, and their own national, state, and local professional organizations. Active members of these organizations maintain or increase their competencies through the information and stimulation provided by publications and professional meetings.

Finally, and most important, in order to provide adequate service, the speech and hearing specialist needs to have time for assessing each child, for planning remedial programs and keeping case records, and for conferences with parents and other professional personnel. There are instances where speech and hearing specialists are under pressure to see children in numbers which preclude individual attention. When this occurs, there is a serious curtailment of the services needed by children with communication problems.

The California Speech and Hearing Association is confident that responsible persons are deeply concerned about the competencies of speech and hearing specialists, the number of these specialists available for employment in our schools, and the adequacy of the assessment and therapy services provided for school children with speech, language, and hearing problems. The development of competent specialists in sufficient numbers to meet the needs of these children and adults is one of the primary goals of the speech and hearing profession. A clear understanding of the nature of the services and the functions of speech and hearing specialists is essential if this goal is to be achieved.

Appendix D

Credential Requirements for Speech and Hearing Specialists

The credential requirements for speech and hearing specialists appear in subchapter 18.1, "Credentials Authorized by the Licensing of Certificated Personnel Law of 1961," of the California Administrative Code, Title 5, Education. The pertinent sections of the Code follow:

Article 2. Specialized Preparation to Serve as a Teacher of Exceptional Children

6260. General. Specialized preparation to serve as a teacher of exceptional children may be substituted for a minor only when the major is in an academic subject matter area. Specialized preparation to serve as a teacher of exceptional children in the area specified in this article consists of the preparation herein specified for the respective area.

* * * * *

6264. Area of the Speech and Hearing Handicapped—Preparation. Specialized preparation in the area of the speech and hearing handicapped shall consist of all the requirements in (a) and (b).

(a) Course Work. Thirty-seven semester hours of course work, including each of the following:

(1) Introduction to exceptional children. [2 semester hours] [1]

(2) Principles of counseling exceptional children and their parents. [2 semester hours] [1]

(3) Language and speech development and disorders. [2 semester hours] [1]

(4) Course content basic to an understanding of normal and disordered speech; language and hearing systems involved in communication, including related biologic, physical, and social sciences such as speech pathology, hearing disorders, phonetics, voice science, psychology of communicative disorders, anatomy of speech and hearing mechanism, linguistics, semantics, emotional problems of children, and abnormal psychology. [14 semester hours with a minimum of 4 hours in hearing] [1]

(5) Specialized courses in speech disorders, i.e., articulation and delayed speech, voice, stuttering, aphasia, speech problems associated with structural anomalies, cerebral palsy, and mental retardation. [10 semester hours] [1]

(6) Specialized courses in hearing disorders, i.e., audiometry, speech reading and auditory training, language development for hard of hearing. [7 semester hours] [1]

(b) Clinical Practice and Student Teaching. Clinical practice and observation and student teaching as follows:

(1) One hundred thirty-five clock hours of clinical practice and observation with speech and hearing handicapped minors. [135 clock hours including 45 clock hours in hearing] [2]

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[1] Specific semester hours are recommended by the Bureau for Physically Exceptional Children, California State Department of Education.

[2] Specific clock hours are recommended by the Bureau for Physically Exceptional Children, State Department of Education.

(2) Ninety clock hours of actual teaching of speech and hearing handicapped minors performed as student teaching or, as an equivalent thereof, one year of successful full-time teaching of such minors in a public school or private school of equivalent status. [90 clock hours, including 30 clock hours in hearing] This two hundred and twenty-five clock hours of clinical practice and observation and student teaching shall be accepted as fullfilment of the student teaching requirements for a standard teaching credential.

(c) **Substitute for Other Requirements.** Substitution may be made as follows:

(1) Six of the semester hours required in (a) may be substituted for 6 of the semester hours specified in Section 6130(f)(2)(B).

(2) Four of the semester hours required in (a) may be substituted for 4 of the semester hours specified in Section 6160(f)(2)(B).

6266. Requirements in the Area of Specialization for a Credential Issued Upon Partial Fulfillment of Requirements. The specialized preparation that an applicant for a credential to teach exceptional children issued under Section 6150 or Section 6190 or Section 6230 shall have completed in his respective area of specialization as partial fulfillment of requirements is:

* * * * *

(d) *Speech and Hearing Handicapped.* Twenty-eight semester hours of the preparation specified in (a) of Section 6264, except (a)(2); and all of the preparation specified in (b) of Section 6264.

Appendix E

Colleges and Universities Accredited by the California State Board of Education for Speech and Hearing Programs

April, 1967

Chico State College, First and Normal Streets,
Chico, California 95928

Fresno State College, Shaw and Cedar Avenues,
Fresno, California 93726

Humboldt State College,
Arcata, California 95521

California State College at Fullerton,
800 North State College Boulevard
Fullerton, California 92631

California State College at Long Beach, 6101 East Seventh Street,
Long Beach, California 90804

California State College at Los Angeles, 5151 State College Drive,
Los Angeles, California 90032

Sacramento State College, 6000 J Street,
Sacramento, California 95819

San Diego State College, 5402 College Avenue,
San Diego, California 92115

San Fernando Valley State College, 18111 Nordhoff Street,
Northridge, California 91324

San Francisco State College, 1600 Holloway Avenue,
San Francisco, California 94132

San Jose State College, 125 South Seventh Street,
San Jose, California 95112

University of California at Santa Barbara,
Goleta, California 93017

University of the Pacific, North Pacific Avenue,
Stockton, California 95204

University of Southern California, 3518 University Park,
Los Angeles, California 90007

Whittier College, 505 East Philadelphia,
Whittier, California 90601

Appendix F

Regulations Governing the Case Load of Speech and Hearing Specialists

The regulation governing the maximum number of minors that a speech and hearing specialist shall have enrolled appears in the California Administrative Code, Title 5. The section of the code which became effective on July 1, 1964, follows:

193.2. Maximum Teacher Load of Speech and Hearing Handicapped Minors in Remedial Classes. A full-time teacher holding a credential authorizing service as a teacher of speech and hearing handicapped minors shall have enrolled in remedial classes which he teaches during any one week no more than 90 such minors. The minimum and maximum number of such minors so enrolled shall be reduced proportionately in the case of part-time teachers.

The Superintendent of Public Instruction may require school districts and county superintendents to furnish any information which he deems necessary to ascertain compliance with this section.

In distributing the foregoing regulation of the California State Board of Education, the State Department of Education has made the following observations:

1. The maximum weekly case load for a full-time speech and hearing specialist is not to exceed 90 pupils.
2. This case load has been adopted in order to strengthen the program of therapy services leading to the early eradication and alleviation of the communication disorders resulting from the deviant speech, language, and hearing handicaps of the pupils enrolled. Its establishment will also permit the speech and hearing specialist to more thoroughly assess, evaluate, and diagnose the communication disorders of the pupils. This latter objective is essential to good program identification and placement practices as well as to establishing sound therapeutic objectives.
3. Many speech and hearing handicapped minors enrolled in remedial class programs can benefit from being seen twice a week by the specialist. Some individual pupils, at different stages in their development, may be benefited if seen even more frequently than twice a week. The maximum case load established by this regulation now makes it possible for the speech and hearing specialist to develop a schedule which can more fully recognize the need and potential of the pupils for the professional skills and services of the specialist.
4. In identifying pupils to make up the weekly case load of the specialist, pupils having the greatest need should receive priority in case selection.

5. Pupils selected to make up the case load of a given specialist should receive remedial services on a continuous basis until the professional objectives set for them have been achieved.

Appendix G

Pertinent Sections of the Education Code

Seventeen sections of the Education Code are printed here because they are particularly pertinent to the program for the speech and hearing handicapped school children.

Authority to Make Special Provisions; "Physically Handicapped Minor" Defined

6801. Subject to the provisions of this article (commencing at Section 6801) and Section 8901 the governing board of any school district may make such special provisions as in its judgment may be necessary for the education of physically handicapped minors. "Physically handicapped minor," as used in this article (commencing at Section 6801) means a physically defective or handicapped person under the age of 21 years who is in need of education.

Minors Considered Physically Handicapped

6802. Any minor who, by reason of a physical impairment, cannot receive the full benefit of ordinary education facilities, shall be considered a physically handicapped individual for the purposes of this chapter (commencing at Section 6801). Minors with speech disorders or defects shall be considered as being physically handicapped. Minors with physical illnesses or physical conditions which make school attendance impossible or inadvisable shall be considered as being physically handicapped.

Special Instruction in Public Schools and Employment of Personnel

6803. The Superintendent of Public Instruction shall promote and direct special instruction in the public schools for physically handicapped minors. He may employ such professional and other personnel as are necessary for this purpose, and may perform such other duties as are necessary to give full effect to this article (commencing at Section 6801).

Cross Reference: For duty of Director of Education to provide consultant services for hard of hearing children, see Sec. 264.

Prescription of Minimum Standards for Special Education; Effect of Failure to Comply

6804. The State Department of Education may prescribe minimum standards for the special education of physically handicapped minors. No apportionment of state funds shall be made by the Superintendent of Public Instruction to any school district on account of the instruction of physically handicapped minors unless the standards prescribed for the instruction are complied with.

Cross Reference: For size of classes allowed, see 5 California Administrative Code Secs. 193, 194.3.

Residency for Furnishing of Education

6805. Any school district furnishing education to physically handicapped minors pursuant to this article (commencing with Section 6801) shall furnish such education to all such handicapped minors actually living within the district five or more days a week, although their legal residence may be outside the district.

Contracts With Other Districts or County Superintendent of Schools for Education

6806. Subject to the provisions of Section 8901 any school district which does not maintain facilities for the education of physically handicapped minors shall enter into a contract with a school district in the same county, or a county superintendent of schools maintaining such facilities. If there is no district in the same county

maintaining such facilities, the governing board of the school district shall enter into a contract with a school district maintaining such facilities in any other county. If any question arises concerning the adequacy of the facilities provided for the education of physically handicapped minors by the school district in which the child is actually living, the parent or guardian of such child may appeal to the county superintendent of schools, and if the county superintendent of schools determines that the facilities offered are inadequate, he shall order the school district in which the child is actually living either to provide the facilities or enter into a contract with a school district maintaining adequate facilities.

Such contract shall provide for the payment of the cost of tuition by the district in which the physically handicapped minor actually lives and may provide for payment of the cost of the use of the buildings and equipment. The cost of tuition shall not be greater than the difference between current expenditures per unit of average daily attendance, including transportation, for the education of a pupil in the particular category of physically handicapped minors to which the pupil belongs and the apportionment of state funds for the education of physically handicapped minors in that category.

The amount shall be determined not later than the last Monday in December and the last Monday in May of each year by the county superintendent of schools of the county in which the child attends schools and certified to the superintendent of schools having jurisdiction over the schools of the school district in which the child actually lives. The amount shall be forthwith paid from any funds of the school district available for that purpose.

(Amended by Stats. 1959, Ch. 320, and by Stats. 1965, Ch. 1914. Effective July 23, 1965.)

Cross Reference: For provisions relating to education of physically handicapped, see Sec. 8901 et seq.

Transportation of Pupils

6807. Subject to the provisions of Section 8901 the governing board of a school district may provide for the transportation of pupils assigned to special schools or classes for physically handicapped pupils, and shall provide transportation for those pupils whose physical handicaps prevent their walking to school.

(Amended by Stats. 1965, Ch. 1914. Effective July 23, 1965.)

Cross Reference: For computation of allowances to school districts for transportation of handicapped pupils, see Sec. 18060.

For specific provisions relating to transportation, see 5 California Administrative Code Secs. 1261, 1267.

Transportation of Minor

6808. Subject to the provisions of Section 8901 the governing board of the school district in which any physically handicapped minor is actually living, although the residence of his parents or guardian is outside the district, shall provide for the transportation of such minor to the school at which education is furnished, if his handicap prevents his walking to school or if the distance is greater than one mile, regardless of whether such education is furnished within or without the district.

(Amended by Stats. 1965, Ch. 1914. Effective July 23, 1965.)

Minimum Age of Admission

6809. Physically handicapped minors may be admitted at the age of three years to special schools or classes established for such minors.

When the school district of residence of a minor between the ages of three and eight years who is deaf, blind, cerebral palsied, orthopedically handicapped, or aphasic does not maintain a special class in the category of the minor's handicapping condition, but such a special class or special school is maintained by the county superintendent of schools or by another school district, such a minor shall be admitted to a special school or special class so maintained when all of the following circumstances exist:

(a) The minor is eligible for enrollment under the regulations of the county superintendent or the governing body of the district maintaining such special class, as applicable.

(b) The governing board of the district or the county superintendent maintaining the special day class is willing to admit the minor.

(c) The parents of the minor file a written request that the minor be so admitted and a physician's statement that the minor is physically able to attend such a class. Such request and statement shall be filed with the district superintendent of schools when the class is maintained by a school district or with the county superintendent of schools when the class is maintained by the latter.

If a minor is admitted pursuant to this section, the district of the pupil's residence shall enter into a contract as provided by Section 6806, and the provisions of Section 6806 with respect to payment of cost of tuition and the cost of buildings and equipment shall apply.

(Amended by Stats. 1965, Ch. 932.)

Establishment of Regulations Determining Eligibility for Instruction

6811. Subject to the provisions of Section 8901 the governing board of a school district may establish regulations determining who can profit by and who shall receive the special instruction provided by this article (commencing with Section 6801). The regulations shall be subject to such standards as may be prescribed by the State Department of Education.

(Amended by Stats. 1965, Ch. 1914. Effective July 23, 1965.)

Places of Instruction; Speech and Hearing Disorders

6812. Subject to the provisions of Section 8901 physically handicapped minors may be instructed in special schools or special classes, in hospitals, sanatoriums, or preventoriums, in the home through the employment of home instructors, by cooperative arrangement with the Department of Rehabilitation, or by any other means approved by the State Department of Education.

Minors with speech disorders or defects may be admitted at school for individual instruction at the age of three years for the purpose of remedying such speech disorders or defects.

Minors who are deaf or hard of hearing, as determined by the State Board of Education, and between the ages of three and six years may be admitted at school for individual instruction or be instructed in the home through the employment of a home instructor, provided there are fewer than five such educable minors in the community making the establishment of a special day class impracticable, or the establishment of a special day class for such minors is impracticable because there are fewer than five such minors in the community within reasonable travel distance of a school suitable for the establishment of such a special day class, and provided, further, that such instruction is afforded by a teacher or home instructor possessing full qualifications for the credential to teach deaf pupils as prescribed by the regulations of the State Board of Education.

(Amended by Stats. 1963, Ch. 1745 and Ch. 1747, and by Stats. 1965, Ch. 1914. Effective July 23, 1965.)

Cross Reference: For provisions relating to home teachers, see Secs. 6151, 6152. For administration of Bureau of Vocational Rehabilitation of State Department of Education, see Sec. 7018 et seq.

Determination of Amount of Excess Expense; "Excess Expense" and "Remedial Classes" Defined

6816. The Superintendent of Public Instruction shall determine the amount of the excess expense incurred by each school district for the education of physically handicapped pupils. "Excess expense" as employed in this section includes the total current expenses of education incurred for remedial classes and for individual instruction of physically handicapped children in the home or in an institution, plus the excess amount of the current expenses incurred for all other physically handicapped pupils instructed in special schools, in special classes, in individual instruction at school of minors with speech disorders or defects who may be admitted at the age of three years, in individual instruction at school of minors from the age of three who are deaf or hard of hearing, or in regular classes over the expense for an equal number of units of average daily attendance of pupils not classified as physically handicapped or mentally retarded pupils. "Remedial classes" as herein employed includes special classes providing remedial instruction for physically handi-

capped pupils who are excused in small numbers for a portion of a class period from regular, special day, and special training schools or classes, without appreciable reduction in the costs of such schools or classes.

(Amended by Stats. 1963, Ch. 1745.)

Cross Reference: For definition of pupil for purposes of transportation allowances, see Sec. 18053.

For computation of allowance to county school service fund for attendance of physically handicapped pupils, see Sec. 18355.

For computation of allowances for excess expense for physically handicapped minors, see Sec. 18102 et seq.

For definition of "excess expense," see 5 California Administrative Code Sec. 194.4.

Establishment of Programs for Physically Handicapped Minors

8901. The county superintendent of schools shall establish and maintain programs for physically handicapped minors who come within the provisions of Section 6801 or 6802, including cerebral palsied, orthopedically handicapped, visually handicapped, or aurally handicapped, and who reside in the county and in elementary or unified school districts which have an average daily attendance of less than 8,000 in the elementary schools of the districts or in unified or high school districts which have an average daily attendance of less than 8,000 in the high schools of the districts, whenever such districts have not provided nor entered into contract with other districts to provide such programs.

Such program shall, with the approval of the county board of education, be provided in one or more of the following ways:

(a) In special schools or classes of elementary and secondary grade.

(b) By the employment of emergency teachers to provide special instruction in the regular schools of the districts of the county.

(c) By the maintenance of special classes of secondary grade.

(d) By the employment of home instructors to give individual instruction in the home or at the bedside in institutions, and by the employment of instructors to provide remedial instruction for physically handicapped minors in regular, special day, and special training schools or classes which he may be authorized to conduct, and by the employment of instructors to provide individual instruction for minors with speech disorders or defects who are at least three years of age for the purpose of remedying such speech disorders or defects.

(e) By cooperation with the Department of Rehabilitation in the provision of individual instruction and coordination services.

(f) By contract with the county superintendent of schools or another county or with the governing board of any school district.

Such schools and classes shall be established at centrally located places, and the county superintendent of schools shall provide transportation to the pupils attending them. In an instance where it would be impractical because of the transportation distances existing to bring a sufficient number of physically handicapped minors within the meaning of Section 6801 or 6802 together in one place to form a school or special class, the county superintendent of schools, upon the annual approval of the Superintendent of Public Instruction, may defer compliance with the provisions of this section for the year in question.

Any elementary or unified school district which has an average daily attendance of less than 8,000 in the elementary schools of the district and any unified or high school district which has an average daily attendance of less than 8,000 in the high schools of the district, with the approval of the county superintendent of schools, may establish and maintain programs for the physically handicapped who come within the provisions of Section 6801 or 6802.

The county superintendent of schools required to provide for the education of physically handicapped minors residing in the county who come within the provisions of Section 6801 or 6802 may, with the approval of the Superintendent of Public Instruction, enter into agreements with an elementary, unified, or high school district for the latter to provide for the education of such physically handicapped minors.

(Amended by Stats. 1965, Ch. 1336. Effective July 23, 1965.)

Agreements for Provision of Remedial Classes

8902. The county superintendent of schools may, with the approval of the county board of education, enter into an agreement with the governing board of any school

district under his jurisdiction for the education in remedial classes of physically handicapped pupils who are excused from regular classes for a portion of a class period. The cost of such education to the school district shall not exceed the actual cost thereof to the county superintendent of schools.

"Excess Expense" Defined

8905. The Superintendent of Public Instruction shall determine the amount of excess expense incurred by each county superintendent of schools for the education of physically handicapped pupils. "Excess expense" as used in this section means that amount by which the current expense of education incurred for physically handicapped pupils exceeds the amount to be apportioned under the provisions of Sections 18355, 18356, 18357, and 18358, or Sections 18355.1, 18356.1, 18357.1, and 18358.1, whichever are in effect, to the county school service fund during the then current year on account of the average daily attendance of all pupils whose attendance is credited to the county school service fund at the level for which the excess expense is to be determined, exclusive of the average daily attendance of pupils in a juvenile hall school maintained by the county superintendent of schools during the preceding fiscal year.

County Tax for Education of Physically Handicapped Minors

8955.2. The county superintendent of schools shall, with the approval of the county board of education, certify to the county auditor and the county board of supervisors, on or before July 15th of each year, the amount of money required to be raised by a county tax for the identification and education of physically handicapped minors who come within the provisions of Section 6801 or 6802 and for the rental of property and the purchase of equipment by the county superintendent of schools for the schools or classes for such minors.

The amount shall be determined by subtracting from the total cost of the education of such minors, including transportation, to the county superintendent of schools the total amounts to be apportioned by the Superintendent of Public Instruction to the county school service fund for the education of such physically handicapped minors and by adding to the result the amount required for rental of property, the purchase of equipment, and capital outlay.

The board of supervisors shall, at the time of levying other county taxes, levy a tax in each school district for whom the county superintendent of schools maintains schools or classes pursuant to Sections 8901 to 8903, inclusive, for the education of physically handicapped minors who come within the provisions of Section 6801 or 6802 upon the taxable property in such district sufficient to produce such amounts. The amount received from this tax shall be deposited in the county school service fund.

The tax shall be levied and collected on a current basis during the fiscal year on the basis of estimates of average daily attendance levels, assessed valuation levels, and the other factors involved. Excess amounts collected in any year may be applied to reduction of the tax in succeeding fiscal years, and the amount to be raised by the tax in any fiscal year may be increased by the amount of deficiency in the tax collected in prior fiscal years.

The Superintendent of Public Instruction shall adopt such rules and regulations as he may deem necessary to the implementation of this section.

(Added by Stats. 1965, Ch. 1336; amended by Stats. 1966 (1st Ex. Sess.), Ch. 98. Operative May 20, 1966.)

Partial Reduction of Allowances to County School Service Fund

8955.3. (a) The Superintendent of Public Instruction shall reduce the allowances to county school service funds to be made in a fiscal year under Section 18355 by an amount determined by: (1) multiplying sixty cents ($0.60) by each one hundred dollars ($100) of the total assessed valuation of all the elementary or unified school districts for whom the county superintendent of schools maintains schools or classes in grades kindergarten through eight, inclusive, pursuant to Section 8901; (2) dividing the product so derived by the total average daily attendance of pupils included in the foundation program computed for the districts for pupils in grades kindergarten through eight, inclusive, in the elementary or unified school districts for whom the county superintendent of schools maintains schools or classes

in grades kindergarten through eight, inclusive, pursuant to Section 8901; and (3) multiplying the quotient so derived by the average daily attendance of pupils attending the special schools or classes maintained by the county superintendent of schools in grades kindergarten through eight, inclusive, pursuant to Section 8901.

(b) The Superintendent of Public Instruction shall reduce the allowances to county school service funds to be made in a fiscal year under Section 18358 by an amount determined by: (1) multiplying fifty cents ($0.50) by each one hundred dollars ($100) of the total assessed valuation of all the high school or unified school districts for whom the county superintendent of schools maintains schools or classes in grades 9 through 12, inclusive, pursuant to Section 8901; (2) dividing the product so derived by the total average daily attendance of pupils included in the foundation program computed for the districts for pupils in grades 9 through 12, inclusive, in the high school or unified school districts for whom the county superintendent of schools maintains schools or classes in grades 9 through 12, inclusive, pursuant to Section 8901; and (3) multiplying the quotient so derived by the average daily attendance of pupils attending the special schools or classes maintained by the county superintendent of schools in grades 9 through 12, inclusive, pursuant to Section 8901.

(Added by Stats. 1965, Ch. 1336; amended by Stats. 1966 (1st Ex. Sess.), Ch. 98. Operative May 20, 1966.)

Appendix H

Speech and Hearing Specialist's Annual Report

The "Speech and Hearing Specialist's Annual Report" from each speech and hearing specialist employed in the public schools of California will be due July 15. *This report should include information pertaining to services you performed between July 1 and June 30.* Also, this report should include information pertaining to services you performed during the *complete summer session* when provided.

We urge each speech and hearing specialist to:

1. Read carefully the *GENERAL INSTRUCTIONS* for completing each item of the Annual Report. *All items must be completed.*
2. Make sure the county or district superintendent's signature and the signature of the speech and hearing specialist are on the completed report.
3. Submit *one* report to include *all* school districts served.
4. Insure that in completion of each item, the total reported *includes summer session when provided.*
5. Submit the completed report to the Consultant in Education of the Speech and Hearing Handicapped, Bureau for Physically Exceptional Children as soon as possible after your services have been completed. *The deadline is July 15.*
6. Retain a copy or copies of the report for the specialist's files and the files of the district or county office.

If there is a need for assistance or clarification of the Annual Report, please contact the state Consultant in Education of the Speech and Hearing Handicapped.

General Instructions

This Annual Report is to be completed by speech and hearing specialists (therapists) and is *not* intended for nurses, audiometrists, classroom teachers, special class teachers or any other school personnel. The items below follow the Annual Report Form in sequence.

1. Report the name of the county and *each* district where you provided direct diagnostic and therapeutic services on a regular basis. *One* report should include *all* school districts served.
2. This report covers a *12-month* period and includes all services provided during the past school year and the last summer session if a program was provided.
3. Report the personal information as requested. Your social security number is essential for identification purposes in data processing. Report *total* gross salary received during the 12-month reporting period. This total should include salary for the summer session when provided.
4. Check whether your employer was the school district(s) *or* the county schools office.

5. Check whether your employment was full time *or* part time. When part time, indicate to the nearest *percent* the amount of time employed each week. Indicate the beginning and ending month of employment.

6. Circle *each* grade level or category you screened during the school year to identify children with speech and hearing disorders. If you did not screen, or if screening was done by other personnel, circle "none" where appropriate. Circle "preschool," "special classes," "new students," "other" if appropriate.

7. The number reported should be a yearly total of *all* children you identified by *screening* as speech and hearing handicapped. If "none," please indicate by writing the number "0" where appropriate.

8. The number reported should be a yearly total of *all* children you identified through *referral* as speech and hearing handicapped. If "none," please indicate by writing the number "0" where appropriate.

9. Report the *total* number of different schools you served during the school year where services were provided on a regular basis. Total should include summer session when provided.

10. Report the total number of pupils you enrolled during the entire year in each category and indicate whether pupils received individual therapy, group therapy, or both. The total reported should include the summer session when provided. Although more than one type of speech problem may be evident with an individual child, only the *primary* problem should be reported in the designated category. Report *all* hard-of-hearing pupils only in item 11.

11. Report the total number of exceptional children you enrolled during the entire year in each area and indicate whether pupils received individual therapy, group therapy, or both. The total reported should include the summer session when provided. Although a child could be included in more than one area of exceptionality, only the *primary* problem should be reported in the designated area.

12. The number of pupils reported for each grade level should be an *annual* total and is *not* to be reported as caseload. The total reported should include the summer session when provided.

13. Report the average number of pupils in your weekly caseload during the entire year. This is determined by adding the number of pupils in your caseload each week during the school year and dividing the total number of pupils by the number of weeks in the school year. This number would be ninety (90) or less and includes summer session when provided. Limit number to two digits and round off to nearest whole number.

14. Report the number of pupils in need of speech therapy at end of year who were not enrolled in your program.

15. Of the average number of pupils in your weekly caseload reported in number 13 above, report the *percent* of these pupils enrolled in sessions each week as shown. Percentage totals should include summer session when provided. Limit number to two digits and round off to nearest whole number.

16. In item 16 (1), (2), and (3), the number of conferences reported should include only those you have *scheduled and completed*. Item 16 (3) should include conferences with other school personnel; i.e., school psychologist, nurse, social worker, counselor, et al. Item 16 (6) should be restricted to conferences with personnel outside the public school context.

17. The amount of time checked for conference and coordination activities should account for all conferences reported in No. 16 above and may include such activities as recordkeeping, report writing, program planning, inservice training, and the like.

18. Include only those children where dismissal came about as a result of the service received. Do *not* include those you dismissed on a temporary basis or for reasons such as illness, transfer, and so forth.

19. The percentage of children dismissed is obtained by dividing the total reported in Item 18 by the total reported in Item 12. Limit number to two digits and round off to nearest whole number.

20. Report your total *a.d.a.* earned for the entire year. Specify the number of units by whole number and nearest hundredth; e.g., 4.23. *A.d.a.* is determined by dividing the total days attendance earned by the number of instructional days in the school year. The total reported should include summer session when provided.

21. Report as indicated.

22. Report as indicated.

23. *All reports must be signed* by the speech and hearing specialist (therapist) and the county or district superintendent. Where the report covers more than one school district, either the county superintendent signs for all districts or *each* district superintendent must sign.

Speech and Hearing Specialist's Annual Report

Please read GENERAL INSTRUCTIONS for each item.

1. District(s)_____ _____ _____ _____ _____ County_____

2. For the year beginning July 1, 19___ and ending June 30, 19___. This report includes a program last summer: ____Yes ____No (Please check.)

3. Miss / Mr. / Mrs._____ _____
(Name of Speech and Hearing Specialist) (Social Security Number)

Total annual salary for this employment $_____

4. Employed by (*check* one): District(s)_____ County_____

5. Employed: Full time ____ Part time ____% (Specify *percent* of each week.)

Beginning _____, 19___, and ending _____, 19___
(Month) (Month)

6. *Circle* each grade level or category you *screened* to identify:

(1) Speech disorders: Preschool K 1 2 3 4 5 6 7 8 9 10 11 12 13 14
Special Classes New Students Other None

(2) Hearing disorders: Preschool K 1 2 3 4 5 6 7 8 9 10 11 12 13 14
Special Classes New Students Other None

7. *Number* of children you identified by *screening:* Speech ____ Hearing ____

8. *Number* of children you identified by *referral:* Speech ____ Hearing ____

9. *Total* number of different *schools* you served during the school year: _____

10. *Number* of pupils enrolled in remedial classes with specific communicative disorders:

A pupil should be reported only *once* in any category or column. In categories *and/or* columns where pupils were *not* enrolled, leave blank. The number of pupils reported in each category should be the *annual* total and is not to be reported as caseload. The *column totals* and the *category totals* should be equal.

Category	Individual therapy	Group therapy	Both	Category total
1. Articulation				
2. Voice				
3. Stuttering				
4. Symbolization/Language				
5. Other				
Column total				

11. ***Number*** **of exceptional children enrolled in your remedial speech and hearing program by area of exceptionality:**

A pupil should be reported only *once* in any area or column. In areas and/or columns where pupils were *not* enrolled, leave blank. *Include any pupils reported in number 10 above* if they are enrolled in one of the areas of exceptional children listed below. The number of exceptional children reported in each area should be the *annual* total and is not to be reported as caseload. The *column totals* and the *area totals* should be equal.

Area	Individual therapy	Group therapy	Both	Area total
1. Hard of Hearing				
2. Deaf				
3. Orthopedically Handicapped Including Cerebral Palsied				
4. Mentally Retarded:				
Educable				
Trainable				
5. Visually Handicapped				
6. Educationally Handicapped				
7. Gifted				
8. Other				
Column total				

12. **Total number of pupils enrolled during the entire year in speech and hearing therapy by grade level.**

													Subtotal
Preschool____	Kindergarten____	1____	2____	3____	4____	5____	____
6____	7____	8____	9____	10____	11____	12____	13____	14____	____
Ungraded____	. . . . .	. . . .	____
												Total	____

13. **Average *number* of pupils in your weekly caseload during year:_____**
(Total should include summer session if provided.)

14. ***Number*** **of children on waiting list at end of year:_____**

15. ***Percent*** **of pupils you enrolled in sessions each week: (Percents reported should equal but not exceed 100 percent and include summer session if provided.)**

(1) One session per week ____%

(2) Two sessions per week ____%

(3) Three or more sessions per week ____%

16. Total *number* of conferences you *scheduled and completed* during the year:

(1) Parents ____ (4) Telephone ____
(2) Classroom teachers ____ (5) Unscheduled ____
(3) Other school personnel ____ (6) Others ____

17. Amount of professional time *scheduled each week* for conference and coordination activities:
(Please *check*)

(1)	(2)	(3)	(4)
6 hours or more____	3–5 hours____	1–2 hours____	None____

18. *Number* of children you dismissed where professional objectives were accomplished:_____

19. *Percentage* of children you dismissed where professional objectives were accomplished:_____% (Divide total reported in number 18 by total reported in number 12.)

20. Total a.d.a. you earned for the year:_____

21. Supplies and equipment (*check* one): Adequate____ Need for improvement____

22. Room and space (*check* one): Adequate____ Need for improvement____

23. The information provided herein is an accurate report and in accordance with Section 193.2, Title 5, California Administrative Code; I hereby certify that for the year beginning July 1, 19___, and ending June 30, 19___ my maximum weekly caseload at any given time did not exceed ninety (90) children enrolled as speech and hearing handicapped.

Signed: _____
Speech and Hearing Specialist

Signed: _____
County or District Superintendent

Signed: _____ _____
Superintendent District

Signed: _____ _____
Superintendent District

Appendix I

Definition of Dysphasic (Aphasic) Pupils and Maximum Class Size

The regulations governing the definition of aphasic pupils appear in subchapter 5.5, "Allowances for Pupil Transportation," of the California Administrative Code, Title 5, Education. The applicable sections of the Code follow:

Article 7. Definition of Deaf, Blind, Cerebral Palsied, Aphasic, and Orthopedically Handicapped Pupils

1320. Definitions. These definitions apply to blind, deaf, aphasic, cerebral palsied, and orthopedically handicapped minor pupils transported to and from special day public school classes, the expenses of such transportation being reimbursable subject to the provisions of Education Code Section 18060.

. . . . . .

(c) Aphasic. An aphasic pupil, for the purpose of this article, is a pupil with respect to whom all of the following are true:

(1) He has severe speech (i.e., oral language) disabilities (other than those speech disabilities associated with deafness, mental retardation, or autism) of an expressive, receptive, and/or integrative character stemming from a central nervous dysfunction or central nervous impairment or both.

(2) The dysfunction or impairment is diagnosed by each of the following persons as aphasia or probable aphasia: A physician who has training and experience in working with children who have neurological defects; a certified psychologist; a person who holds a credential authorizing the teaching of exceptional children in the area of the speech and hearing handicapped or speech correction and lip reading in remedial classes. Each diagnosis shall be evidenced by a written statement subscribed by the persons making the diagnosis.

(3) The disabilities require enrollment in a special day class and transportation to a special day class.

The regulation governing the maximum enrollment for classes of aphasic pupils appears in Section 193 of the California Administrative Code, Title 5, Education:

(e) The maximum enrollment for special day classes for aphasic pupils shall be 8, except that in a class in which the chronological age spread is greater than four years, the maximum enrollment shall be 6.

Another legal provision that applies to aphasic children is Section 18060 of the Education Code, which follows:

Computation of Transportation Allowance for Special Students

18060. (a) In addition to all other amounts allowed to a school district under this article (commencing at Section 18051), the Superintendent of Public Instruction shall allow to each school district an amount equal to the current expense of the district during the preceding fiscal year of transporting blind, deaf, aphasic, cerebral palsied, orthopedically handicapped and other physically impaired minor pupils handicapped in mobility and including mentally retarded minors who come

within the provisions of Section 6903, to and from special day classes but not in excess of four hundred seventy-five dollars ($475) for each unit of average daily attendance of such pupils during the next preceding fiscal year resulting from the attendance of such pupils on the special day classes to and from which they were transported by the district.

(b) The Superintendent of Public Instruction shall allow to the county school service fund of each county an amount equal to the current expense of the county superintendent of schools during the preceding fiscal year of transporting blind, deaf, aphasic, cerebral palsied, orthopedically handicapped and other physically impaired minor pupils handicapped in mobility and including mentally retarded minors who come within the provisions of Section 6903, to and from special day classes but not in excess of four hundred seventy-five dollars ($475) for each unit of average daily attendance during the next preceding year resulting from the attendance of such pupils on the special day classes to and from which they were transported by the county superintendent of schools.

(c) As used in this section, "physically impaired minor pupils handicapped in mobility" means those children who are deemed eligible for special class placement as defined by the State Board of Education.

(Repealed and added by renumbering by Stats. 1959, Ch. 1251; amended by Stats. 1961, Ch. 2008, and by Stats. 1963, Ch. 1211. See note following Section 6353.)

Cross Reference: For definition of handicapped pupils, see 5 California Administrative Code Sec. 1320.
For provisions relating to handicapped children, see Health and Safety Code Secs. 249 et seq.

Building Area Required to Provide Adequate Facilities for Exceptional Children

2046. (b). The number of classrooms and the area set forth opposite the several sizes of classes in the following schedule are proper and adequate for the education of deaf or aphasic pupils over six years of age in special day classes:

Area and Size of Class for Deaf or Aphasic Pupils

Number of classrooms allowed	Size of class		Maximum area		
	Minimum	Maximum	K–8	7–9	9–12
1	6	10	1,235 sq. ft.	1,335 sq. ft.	1,360 sq. ft.
2	12	20	2,470 sq. ft.	2,670 sq. ft.	2,720 sq. ft.
3	21	30	3,705 sq. ft.	4,005 sq. ft.	4,080 sq. ft.
4 or more	Classrooms × 8		Classrooms × 1,235	Classrooms × 1,335	Classrooms × 1,360

Appendix J

Recommended Reading for Meeting the Speech and Language Needs of Mentally Retarded Children

"Current Research in Language Development for Mental Retardates," *International Education Reporter of the American Association on Mental Deficiency,* I (December, 1960).

Freeman, Gerald G., and Jean Lukens. "A Speech and Language Program for Educable Mentally Handicapped Children," *Journal of Speech and Hearing Disorders,* XXVII (August, 1962), 285-87.

Kirk, Samuel A., and James J. McCarthy. "The Illinois Test of Psycholinguistic Abilities—An Approach to Differential Diagnosis," *American Journal of Mental Deficiency,* LXVI (November, 1961), 399-412.

Kirk, Samuel A., and Others. *You and Your Retarded Child: A Manual for Parents of Retarded Children.* New York: The Macmillan Company, 1958.

Language Studies of Mentally Retarded Children. (A Report of the Parsons Project in Language and Communication of Mentally Retarded Children). *Journal of Speech and Hearing Disorders,* Monograph Supplement No. 10, January, 1963.

Lassers, Leon, and Gordon Low. "A Study of the Effectiveness of Speech Training for Mentally Retarded Children," *California State Federation Council for Exceptional Children Journal,* VIII (June, 1959), 15-16, 19. (See also U.S. Office of Education, Department of Health, Education, and Welfare, Contract No. SAE 6904, 1960).

Matthews, Jack. "Speech Problems of the Mentally Retarded," in *Handbook of Speech Pathology.* Edited by Lee Edward Travis. New York: Appleton-Century-Crofts, Inc., 1957, pp. 531-51.

Mecham, Merlin J., and J. Lorin Jex. "Training Mentally Retarded Children in Oral Communication," *Asha,* IV (December, 1962), 441-43.

Molloy, Julia S. *Teaching the Retarded Child to Talk: A Guide for Parents and Teachers.* New York: The John Day Co., 1961.

Peins, Maryann. "Mental Retardation: A Selected Bibliography on Speech, Hearing, and Language Problems," *Asha,* IV (February, 1962), 38-40. (Available from U.S. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau).

Schlanger, Bernard B. "Effects of Listening Training on Auditory Thresholds of Mentally Retarded Children," *Asha,* IV (August, 1962), 273-75.

Smith, James O. "Effects of a Group Language Development Program Upon the Psycholinguistic Abilities of Educable Mental Retardates." Peabody College Special Education Research Monograph Series, No. 1, 1962. Nashville, Tenn.: George Peabody College for Teachers.

Speech for the Retarded Child. Curriculum Bulletin, Board of Education of the City of New York, 1958-59 Series, No. 7, 1960.

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